March 20, 2018

Ann Marie T. Sullivan, M.D.  
Commissioner  
Office of Mental Health  
44 Holland Avenue  
Albany, New York  12229  

Dear Commissioner Sullivan:

The Justice Center for the Protection of People with Special Needs (Justice Center) is charged with protecting people receiving services in facilities under its jurisdiction from abuse, neglect and other conduct that may jeopardize their health, safety and welfare pursuant to Article 20 of the New York Executive Law. To that end, the Justice Center conducts systemic reviews in order to identify risks to the health, safety and welfare of people receiving such services.

On January 16, 2018, the Justice Center issued a draft of our review of the Family Care Home programs sponsored by the State-Operated Psychiatric Centers entitled Review of Family Care Home Programs Sponsored by the Psychiatric Centers.¹ The Justice Center received a response from the New York State Office of Mental Health (OMH) dated March 15, 2018, outlining actions your office has already taken to address the review findings as well as plans for additional corrective measures to be implemented in the near future. The final review findings, including the response from OMH, is attached.

This review was conducted by the Justice Center and would not have been possible without the cooperation and professionalism that staff from the family care homes, psychiatric centers, and OMH central office provided during the review. We appreciate and join you in your continuing commitment to the care of vulnerable people in New York State.

Sincerely,

Denise M. Miranda, Esq.  
Executive Director

¹ This Review was performed pursuant to the Justice Center’s authority as set forth in the Protection of People with Special Needs Act, Chapter 501 of the Laws of 2012.
cc: Jack Smitka, OMH
    Tricia Hartnett, OMH
    Colleen Cebula, OMH
    Laura Darman, Justice Center
    Davin Robinson, Justice Center
    Colleen Carroll-Barbuto, Justice Center
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March 15, 2018

Denise M. Miranda, Esq.
Executive Director
Justice Center for the Protection of People with Special Needs
161 Delaware Avenue
Delmar, NY 12054

Dear Ms. Miranda:

The Office of Mental Health has reviewed the January 2018 “Review of Family Care Programs Sponsored by the [Redacted] and [Redacted] Psychiatric Centers” conducted by the Justice Center for the Protection of People with Special Needs. Our response to the recommendations contained in this review are enclosed.

Sincerely yours,

Ann Marie T. Sullivan, M.D.
Commissioner
The Office of Mental Health (OMH) appreciates the review of the Family Care Program and recommendations made by The Justice Center for the Protection of People with Special Needs. Of note, the focus of the review was 8 family care homes, and the full scope of the program statewide is over 400 homes. OMH’s corrective actions will be developed for implementation in state operated Family Care Programs emphasizing strength based and best practices throughout the system.

1. Page 2, Key Finding 1: “The State of New York, Office of Mental Health, Family Care Program Policy and Procedure Manual has not been revised since July 2006”.

Page 2, Key Recommendation 1: “Revise the State of New York, Office of Mental Health, Family Care Program Policy and Procedure Manual to support rehabilitation and recovery, provide guidelines for staff training including training for respite providers, and procedures for reporting incidents to the Justice Center.”

The 2006 manual has limited relevance currently given that the 2011 regulations supersede the Policy and Procedure Manual. Regulatory guidance will be developed to operationalize the Family Care Provider requirements and will include additional information about procedures for reporting incidents to the Justice Center. Of note, all providers (including family care providers) sign the Justice Center’s Code of Conduct. Staff are provided training which includes that of mandated reporting.

2. Page 2, Key Finding 2: “Training provided through the program sponsors is insufficient to ensure the safety and well-being of the people in care.”

Page 3, Key Recommendation 2: “Ensure sufficient training is available to family care providers and other Family Care Home staff to meet the needs of the people in care.”

Page 5, OMH Policies and Training, B. “Standard guidelines on training requirements for the Family Care Home provider, oversight and respite staff does not exist.”

There is a training program in place that addresses all requirements related to the provision of Family Care service. Implementation of the training will be strengthened, it will be uniform across the system. Accordingly, a schedule of required trainings will be issued to all Program Sponsors with mandatory completion required.

3. Page 2, Key Finding 3: “The program sponsors did not fulfill their requirements to monitor the care provided in Family Care Homes.”

Page 3, Key Recommendation 3: “Create and Implement effective systems for the program sponsor to track, organize, and maintain documentation related to their oversight responsibilities.”
OMH does have a system for the program sponsor to track, organize, and maintain documentation related to their oversight responsibilities. Additional measures will be taken to ensure that these systems are uniformly implemented by sponsors across the state.

4. Page 2, Key Finding 4: “Family Care Home safety standards and building codes were not adhered to at all homes.”

Page 3, Key Recommendation 4: “Monitor to ensure Family Care Home safety standards and building codes are adhered to.”

A monitoring process will be put in place to ensure that existing Family Care safety standards are consistently adhered to across the system.

5. Page 2, Key Finding 5: “Some family care providers did not follow proper medication storage, administration, and documentation procedures.”

Page 3, Key Recommendation 5: “Train family care providers on, and establish mechanisms to ensure, the proper storage, documentation, and administration of medications.”

While there is a process in place, additional procedures will be developed to ensure uniform medication procedures across the system.

6. Page 2, Key Finding 6: “Residential service plans and personal care service plans were inconsistent, incomplete, or unavailable.”

Page 3, Key Recommendation 6: “Ensure that copies of current residential service plans and all applicable personal care service plans and supporting doctors’ orders are maintained and easily accessible for reference in the residence, and that all records are consistent, accurate, and complete for the people in care.”

Currently the service plans are available in the program, not necessarily in the home chart. There is not a requirement that the service plans be located in the home chart. OMH will consider storage in the home and ensure that the storage of personal care service plans is secure and uniform across the state.
Justice Center for the Protection of People with Special Needs

Prevention and Quality Improvement Unit

Review of Family Care Home Programs
Sponsored by the [Name Redacted] and [Name Redacted] Psychiatric Centers

March 2018
The Justice Center’s Promise to New Yorkers with Special Needs and Disabilities

OUR VISION
People with special needs shall be protected from abuse, neglect and mistreatment. This will be accomplished by assuring that the state maintains the nation’s highest standards of health, safety and dignity; and by supporting the dedicated men and women who provide services.

OUR MISSION
The Justice Center is committed to supporting and protecting the health, safety, and dignity of all people with special needs and disabilities through advocacy of their civil rights, prevention of mistreatment, and investigation of all allegations of abuse and neglect so that appropriate actions are taken.

OUR VALUES AND GUIDING PRINCIPLES

Integrity: The Justice Center believes that all people with special needs deserve to be treated with respect and that people’s rights should be protected.

Quality: The Justice Center is committed to providing superior services and to ensuring that people with special needs receive quality care.

Accountability: The Justice Center understands that accountability to the people we serve and the public is paramount.

Education: The Justice Center believes that outreach, training, and the promotion of best practices are critical to affect systems change.

Collaboration: Safe-guarding people with special needs is a shared responsibility, and The Justice Center is successful because it works with agencies, providers, people who provide direct services, and people with special needs to prevent abuse and neglect.
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Executive Summary

Purpose

This review was initiated in response to a pattern of substantiated cases of abuse and neglect uncovered during Corrective Action Plan (CAP) audits of Family Care Homes statewide. Incidents reported to the Vulnerable Persons Central Register (VPCR) included not maintaining adequate care and health of the people receiving services, lack of prescribed medications in the residence and use of unapproved respite workers to care for people receiving services. Substantiated incidents of abuse and neglect occurred at family care homes under the purview of all four psychiatric centers included in this review.

This review focuses on factors that contributed to the incidents of abuse and neglect. Recommendations are provided to promote the health, safety, and welfare of people receiving services through adherence to the OMH requirements and guidelines. To conduct the review, the Justice Center completed site visits to eight Family Care Homes and assessed:

- policies/procedures and guidance documents,
- clinical records, and
- program sponsor specific documentation including training records and meeting minutes.¹

The Justice Center also interviewed family care providers, sponsor agency staff responsible for monitoring the homes, including family care specialists, family care coordinators and safety officers.²

Program Description

The Office of Mental Health (OMH) oversees and regulates Family Care Homes. Over 1,300 people reside in Family Care Homes, the oldest and least costly residential program under OMH’s jurisdiction.³ Family Care Homes provide 24-hour residential services in a small family setting that is supposed to carefully match the needs of people in care with family care provider skills to offer individually tailored supervision. The Office of Mental

¹ The program sponsors use the terms “meeting” and “training” interchangeably. This report uses the term training for consistency.
³ Source: 2013 OMH Patient Characteristics Survey
Health issues operating certificates to qualified individuals in the community who agree to offer specified residential services in their own homes to no more than six people diagnosed with a mental illness. The family care providers are reimbursed for expenses related to providing care and receive funds to meet the personal needs of the residents. The program sponsor is either a state-operated psychiatric center or a community based mental health program. Program sponsors are responsible for training the family care provider, securing emergency support services and monitoring the home for compliance with OMH policy and procedures.

Typically, people who live in Family Care Homes are unable to function in their own homes, large group settings, or other independent living arrangements. The Family Care Home providers are required to receive training to effectively support people with a variety of needs including: people who have reached their maximum level of independence and need long term care; people requiring consistent care for extended periods to increase their level of functioning; elderly and physically disabled people and young adults in need of small group settings. Those placed in Family Care Homes typically have functional limitations and require short-term intensive assistance or supervision in personal care skills, community living skills, or interpersonal skills. For Family Care Homes which offer a personal care component, the providers receive additional training and Medicaid funds to perform hands-on services for chronically disabled residents.4

Key Findings

- The State of New York, Office of Mental Health, Family Care Program Policy and Procedure Manual has not been revised since July 2006.
- Training provided through the program sponsors is insufficient to ensure the safety and well-being of the people in care.
- The program sponsors did not fulfill their requirements to monitor the care provided in Family Care Homes.
- Family Care Home safety standards and building codes were not being adhered to at all homes.
- Some family care providers did not follow proper medication storage, administration, and documentation procedures.
- Residential service plans and personal care service plans were inconsistent, incomplete or unavailable.

Key Recommendations

4 Program Description is paraphrased from the State of New York, Office of Mental Health (July 2006), Family Care Program Policy and Procedure Manual, Section 10.00 – Family Care Program Definition and the Standards for Family Care Homes regulations 14 NYCRR §585, Parts 585.1 – Background and intent and 585.3 – Definitions.
• Revise the State of New York, Office of Mental Health, *Family Care Program Policy and Procedure Manual* to support rehabilitation and recovery, provide guidelines for staff training including training for respite providers, and procedures for reporting incidents to the Justice Center.

• Ensure sufficient training is available to family care providers and other Family Care Home staff to meet needs of the people in care.

• Create and implement effective systems for the program sponsor to track, organize, and maintain documentation related to their oversight responsibilities.

• Monitor to ensure Family Care Home safety standards and building codes are adhered to.

• Train family care providers on, and establish mechanisms to ensure, the proper storage, documentation, and administration of medications.

• Ensure that copies of current residential service plans and all applicable personal care service plans and supporting doctors’ orders are maintained and easily accessible for reference in the residence, and that all records are consistent, accurate, and complete for the people in care.

### Review Findings

#### Background

The Justice Center for the Protection of People with Special Needs (Justice Center) is charged with protecting people in the care of facilities under its jurisdiction against abuse, neglect and other conduct that may jeopardize their health, safety and welfare pursuant to Article 20 of the New York Executive Law. To that end, the Justice Center conducts systemic reviews to identify risks to the health, safety, and welfare of people receiving such services.

A review of substantiated cases and incidents reported at Family Care Homes between March 10, 2016, through August 8, 2016, revealed medication administration and documentation errors, use of unapproved respite providers and an overall lack of oversight by the program sponsor responsible for monitoring these programs. As a result, the Justice Center initiated a review of the Family Care Homes sponsored by four state-operated psychiatric centers.

#### Scope and Methodology

The Justice Center conducted site visits at:

1. [Redacted] Psychiatric Center – [Redacted] Family Care Home
2. [Redacted] Psychiatric Center – [Redacted] Family Care Home
3. [Redacted] Psychiatric Center – [Redacted] Family Care Home
4. [Redacted] Psychiatric Center – [Redacted] Family Care Home
The Justice Center reviewed documentation for thirty-eight people in care residing at these eight residences. The homes that were chosen for site visits were selected randomly.\(^{5}\) The following documents were reviewed:

- Medication Treatment Records\(^{6}\)
- Residential Service Plans
- Personal Care Service Plans and corresponding doctor’s orders\(^{7}\)
- Progress Notes for one year
- Family Care Resident Visit Assessment Forms for one year
- Any correspondence/notes contained in the “home record” section for each person in care
- Agency-specific internal documents including: Family Care Consult Sheets, Family Care Admission Agreement records, Respite Provider Logbooks, Family Care Residential Face Sheets, Family Care Choking Risk Assessment forms, and the Capability of Self Preservation Test forms

For each of the Family Care Homes visited, the Justice Center collected and reviewed:

- Fire Evacuation Plans
- Fire Drill Records\(^{8}\)
- Semi-Annual Family Care Home Safety Inspection Checklists (2016-2017)
- Family Care Home operating certificate
- Provider’s “Application for Renewal of Certification”
- Any agency-specific/provider-specific documentation:
  - Personal Care Competency form
  - Family Care Home rules
  - Correspondence with the Family Care Home
  - New provider training curriculum
- Application for Respite Providers
- Family Care Home Visit Forms\(^{9}\)

\(^{5}\) The Justice Center’s office of investigations sent a referral related to fire safety issues at the Family Care Home, so this home was selected to ensure safeguards were put in place to prevent serious harm to the people in care.

\(^{6}\) The period reviewed varied depending on the documentation available at each Family Care Home.

\(^{7}\) Personal Care Service Plans are based on doctor’s orders, as documented in Section 10.7.10 of the Family Care Program Policy and Procedure Manual.

\(^{8}\) Fire Drill records conducted in 2017 were reviewed.

\(^{9}\) Home visit forms were reviewed for the past twelve months from the date of the Justice Center home visit conducted during this review.
• Provider/Respite provider orientation/training curriculums/meeting minutes and attendance records\(^{10}\)

The Justice Center also requested agency guidance and policies related to the procedure for medication administration, medication refills, scheduling medical appointments, residential program rules and standards for Family Care, the procedure for providing emergency medical and psychiatric care, and respite policies and procedures.

Findings

The Justice Center’s overall findings are outlined below. Letters outlining specific findings at each Family Care Home visited were previously issued to the Family Care Home, executive director of the psychiatric center sponsoring the home, and the NYS Office of Mental Health. The appendices include a summary of best practices identified at Family Care Homes and program sponsor agencies.

OMH Policies and Training

A. The current *Family Care Program Policy and Procedure Manual* issued by the Office of Mental Health was last revised in 2006.

While the 14 NYCRR § 585 Standards for Family Care Homes regulations set out the basic standards of Family Care Homes, the *Family Care Program Policy and Procedure Manual* provides more detailed standards, content regarding specific responsibilities, and suggested documentation templates for recording consistent and complete records. Unfortunately, the manual has not been revised in eleven years and contains some requirements that are out-of-date or incomplete. For example, the manual does not address training requirements for respite care workers, the reporting requirements under the Protection of People with Special Needs Act, and does not support the promotion of independent living skills.

B. Documentation was not provided to support that all staff working within the Family Care Home attended a 2-day training on providing care to people receiving services.

Training for all staff involved in Family Care Homes is critical to promote optimal care for people receiving care.

OMH requires that people working in the family care homes, including respite providers, attend a 2-day training specific to providing care to people residing in the homes. A review of attendance records for staff trainings and interviews with family care providers, family care specialists, family care coordinators and safety officers found that mandated

\(^{10}\) Training records and meeting minutes were reviewed for 2016-2017.
semi-annual trainings are provided for family care providers. However, the staff responsible for monitoring Family Care Homes (family care specialists and/or coordinators) and respite providers did not attend training at all programs. Details on the training received or given by respite providers and staff responsible for monitoring Family Care Homes follows below, as described during interviews.

**Respite Providers**

Respite providers are often selected by the Family Care Home provider and approved by the program sponsor. Their job responsibilities include maintaining a normal routine and delivering required care in the Family Care Home, in the absence of the family care provider or to assist the family care provider.

The family care providers and family care coordinators interviewed stated that upon initial approval, respite providers receive basic training from the program sponsor on general care for the people living in Family Care Home settings. However, respite providers are not required to attend ongoing trainings. This practice is consistent with the Family Care Home regulations and the *Family Care Program Policy and Procedure Manual*. A review of the semi-annual provider training attendance records from 2016-2017 confirmed that respite providers do not typically attend the trainings. Psychiatric Center required only those respite providers approved to provide personal care services to attend the semi-annual provider trainings. These trainings cover procedural changes as well as service plan changes for people in care. The family care coordinators interviewed stated that it is the family care provider’s responsibility to provide this information to respite providers but without a requirement to attend training and/or documentation of training it is impossible to know if respite providers are informed about procedural or service changes.

**C. Staff working at the sponsoring agency received training via job shadowing or at the state-operated psychiatric center and documentation supports they did not attend the 2-day training provided to family care home staff working within the residence.**

Documentation and interviews revealed that at three of the four program sponsors reviewed, family care specialists, family care coordinators and safety officers were not required to attend training. Safety officer attendance was not documented for any of the program sponsor trainings over the past year.

**Family Care Coordinators**

Family care coordinators are employed by the program sponsor. In this review, all program sponsors were state psychiatric centers. Family care coordinators are responsible for recruitment, selection and recommendation of appropriate providers to be
approved and for monitoring the quality of care in certified homes including compliance with regulations. Family care coordinators are also responsible for screening the placement of the people in care, and provide administrative, training, emergency and clinical support to the family care provider.

The Justice Center interviewed four family care coordinators from the four different program sponsors reviewed. The family care coordinators stated that their job duties were learned by shadowing the outgoing family care coordinator, family care specialists and/or working collaboratively with the director of operations or coordinator of residential services at the facility. The four family care coordinators stated that they attend quarterly regional family care coordinator trainings.

**Family Care Specialists**

Family care specialists are supervised by family care coordinators and are also employed by the program sponsor. Family care specialists have primary responsibility for assuring the needs of people in care are met in the home. They act as the liaison to the person in care, their family or guardian, family care provider and other providers of service. The family care specialist ensures that the residential service plan is current and reports to the family care coordinator.

The Justice Center interviewed six family care specialists from the four program sponsors. According to the family care specialists interviewed, orientation training consisted of reviewing the Family Care Home Policy and Procedure Manual and shadowing other family care specialists. Family care specialists attend the semi-annual provider trainings. At Psychiatric Center, the family care coordinator assigns the family care specialists different topics to present at the provider trainings. This same program sponsor also conducts monthly Family Care Home trainings for Family Care Home employees to discuss issues at specific homes, with specific providers, and/or related to people in care. The family care specialists interviewed stated that they complete annual reviews of the Justice Center’s Code of Conduct.

**Safety Officers**

Safety officers are employed by the program sponsor. Safety officers are responsible for conducting semi-annual safety inspections at each Family Care Home and firearm inspections at the homes where firearms are present.

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11 Two family care coordinators shared that they started working in the Family Care Home program as family care specialists before resuming their title/responsibilities as the family care coordinator.


13 Family Care Homes with firearms are required to have filed an Application for Exemption to Firearm Prohibition and comply with all safety requirements outlined in 14 NYCRR §542 and the Family Care Program Policy and Procedure Manual, section 10.3.4.
The Justice Center interviewed five safety officers from the four program sponsors. Safety officers reported that they did not receive formal Family Care Home inspection training upon hire, but all had received on the job training which consisted of observing a safety officer perform a Family Care Home semi-annual inspection. One safety officer recommended providing education to the safety officers on their responsibilities as they relate to Family Care Homes and developing a safety officer resource/contact person that can be contacted for specific safety concerns.

Safety officers from three of the four program sponsors stated that while not a requirement for their duties as a safety officer, they attended and completed code enforcement classes, which has benefited them when conducting the Family Care Home safety inspections. In addition, safety officers had varying knowledge of the different environmental requirements for a Family Care Home specific to lighting in the hallways and stairwells, installation and location of smoke detectors and the requirement for a landline phone in the home:

- Four safety officers were not aware that landline telephones are a requirement;
- One safety officer did not know about hallway lighting requirements during the nighttime hours; and
- Three safety officers did not know that smoke detectors are required in every bedroom.

Four of the five safety officers indicated that they had not received training about reporting incidents to the Justice Center or on the Justice Center Code of Conduct. Three safety officers from three of the four different program sponsors visited, reported that the program sponsors invited safety officers to the semi-annual provider training to present on specific fire safety and safe environment topics.

**PROMOTING INDEPENDENT LIVING SKILLS**

**D. Self-administration of medication by people in care was not supported.**

According to 14 NYCRR § 585.9 Standards for Family Care Homes – placement, admission, and discharge of people in care, an individual must be willing and able to self-administer medication in order to be admitted to the home. Only three out of the thirty-eight people in care residing in the homes visited had goals or services to work on self-administration of medications documented in their service plans.

At three of the eight homes visited, the medications for the people in care were pre-packaged and prepared for administration by the pharmacy. At two other Family Care Homes, the providers placed the medications into weekly pill organizers. While both practices promote convenience, neither promotes the opportunity for people in care to develop skills for self-administration of medication. The Family Care Home training
manual states that “in some cases, pill packers are used,” but does not describe when pill packers are permissible. Interviews with the family care providers, the family care specialists and the family care coordinators, revealed differing understanding of whether medications can be placed in weekly pill organizers, or if this practice violates the OMH “Rules of Medication Administration and Storage” guidance.

E. Independent living skills were not consistently promoted.

The Family Care Program Policy and Procedure Manual, defines a resident as “an individual diagnosed with mental illness who is placed in a Family Care Home because he or she are in need of a supervised residential setting.” One criteria for placement in a Family Care Home is that the person “demonstrates a degree of functional impairment which requires short-term intensive assistance or supervision in personal care skills, community living skills, or interpersonal skills.” Section 10.2.1 of this manual states that people should be placed in the least restrictive and most independent living arrangement possible. The manual requires family care home programs to provide support services in several areas including training in activities of daily living, medication management, room and board, socialization, behavior management, counseling, case management and discharge planning to promote growth in skills for independence. However, language in the other sections of the manual contradict the development of skills for independent living by directing providers to provide meals, laundering services and arrange or provide transportation, as opposed to assisting or ensuring such services are available.

Interviews with the providers revealed differences in opportunities to promote independent living skills:

- Only two of the eight Family Care Homes encouraged all people in care to prepare their own breakfasts.
- At all the homes visited, the family care provider did the grocery shopping and prepared and served lunch and dinner.
- People in care washed and folded their own clothes at two homes, while at the other six homes, the family care providers performed these duties.
- At six homes, some people used public transportation and/or walked to local places of interest; while at the other two homes where public transportation was available, all transportation was provided by the day program and/or the family care provider.

Program Sponsor Monitoring

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14 See Appendix 1 for a copy of Attachment 4-A: Rules of Medication Administration and Storage, specifically referencing item # 13 and asterisk on bottom of page.
15 Source: Family Care Program Policy and Procedure Manual, Section 10.1.
16 Source: Family Care Program Policy and Procedure Manual, Section 10.1.
TRAINING

F. Not all program sponsors developed and offered sufficient ongoing training for the Family Care providers, as required.

According to the *Family Care Program Policy and Procedure Manual*, the program sponsor is required to develop and schedule continuous training designed to meet family care provider needs and requirements, with a minimum of six hours of training every six months. The program sponsor is responsible for maintaining records of all trainings attended by each provider and ensuring training requirements are met.

Findings related to specific program sponsors are below.

- **Psychiatric Center**: The family care coordinator could not provide records for trainings prior to her hire as the family care coordinator in May. Two trainings were held during the month of May, but the duration of these trainings was not documented and attendance records revealed respite providers did not attend.

- **Psychiatric Center**: Provider trainings were held five times per year and providers are required to attend a minimum of four trainings. Attendance records for trainings conducted in 2016 showed that not all providers met the minimum requirement of four trainings. Furthermore, for the three trainings that had already been offered for 2017, nine of the providers had missed two of the three trainings, thereby making it impossible for these providers to meet the required number of trainings for 2017. Respite providers are not required to attend the trainings.

- **Psychiatric Center**: There were two, six hour trainings provided annually. Family Care Home providers and respite staff were required to attend both and the trainings consisted of various topics including medication administration, Justice Center reporting requirements, First Aid and CPR, and recreational activities. This program sponsor also invited outside entities to present on topics relevant to the daily operations of the homes, such as a pharmacist who presented on medications and safe practices.

- **Psychiatric Center**: Provider trainings were held in five, two hour sessions annually, which does not support the requirements of a minimum of six hours of training every six months. In addition, a three-hour CPR course was offered, and seven of seventeen providers under this program sponsor attended this training. However, even with the CPR training, none of the providers received the required twelve-hours of training in 2016. Provider trainings for January 2017-May 2017 were held on three occasions, with five of the seventeen providers in attendance. The family care coordinator indicated that providers are required to complete a self-learning module when they are unable to attend a scheduled
training; however, the documentation reviewed did not indicate completion of such modules.

G. **Training and policies on the Justice Center were insufficient at several of the program sponsors visited.**

All program sponsors provided documentation including meeting minutes with corresponding attendance records and/or signed Codes of Conduct to support that family care providers and family care specialists were trained on the Justice Center. However, interviews with the family care providers revealed that five providers of the eight homes visited said that they had not received training on the Justice Center through the program sponsor and/or were not familiar with the Justice Center.

Psychiatric Center developed their own Family Care Policy and Procedure Manual which was revised in April [Month]. This manual did not include anything about reporting incidents to the Justice Center. Notably, Psychiatric Center’s provider orientation information and documentation included a Justice Center poster in their new family care provider training packet, for hanging in the provider home. During a tour of both homes visited through this program sponsor, a Justice Center poster was observed, conspicuously hung in the Family Care Home kitchens of both homes.

The family care coordinator at Psychiatric Center stated that while the family care providers receive, review and sign the Code of Conduct every September, the providers are advised to contact the family care specialist and/or the family care coordinator to report an incident. The specialist/coordinator makes the determination if the incident should be reported to the Justice Center. The family care coordinator specifically stated that the providers are advised not to report incidents to the Justice Center themselves. This practice does not conform to the reporting requirements of the Protection of People with Special Needs Act.

**SPONSOR OVERSIGHT AND DOCUMENTATION**

G. **Program Sponsor staff did not conduct home visits, as required.**

The *Family Care Program Policy and Procedure Manual* requires that each person in care be visited at least monthly by program sponsor staff and more often if necessitated by one’s needs. If a person in care is not home at the time of the monthly visit, program sponsor staff are expected to make efforts to return to the home when the person is home to conduct the visit. Program sponsor staff are also required to conduct unannounced visits to each Family Care Home at least annually. Reports of these visits are to be maintained in the Family Care Home record and appropriate Resident records.

The family care specialist responsible for the oversight of two homes visited through Psychiatric Center stated in her interview that she announces all visits to the
homes and does not conduct unannounced visits, as required. Further, the documentation of monthly visits was incomplete for several visits and not available for all monthly visits to the people living in the homes under the oversight of this family care specialist.

At another Family Care Home through Psychiatric Center the family care specialist did not complete documentation for monthly home visits in April 2016, February 2017 and August 2017.

H. Approval of respite providers was not in accordance with policy.

The Family Care Program Policy and Procedure Manual, requires that program sponsors approve all respite providers using standards like those for approved family care providers. This approval may be reviewed as frequently as every two years, but no less than every five years. Medical evaluations are required at least every five years. Four homes did not adhere to these requirements.

At two Family Care Homes through Psychiatric Center, documentation to support the program sponsor had reviewed respite providers’ re-applications and medical evaluations at least every five years was not available. One of the approved respite provider’s last medical evaluation on record with the agency sponsor was dated November 2007. Another approved respite provider’s last medical evaluation on record with the agency sponsor was in 2010. At the other Family Care Home under this program sponsor, the last complete respite provider re-application on file was dated June 30, 2009. The respite provider’s medical evaluation was dated June 10, 2017, but the application renewal had not yet been notarized, as required.

At one Family Care Home under Psychiatric Center, the last medical evaluation on record for the respite provider was July 2011.

I. The operating certificates available in three Family Care Homes were inaccurate and/or expired.

The operating certificate is a written document conveying to the public the authorization by the Commissioner of the Office of Mental Health for a family care provider to operate a Family Care Home. Each operating certificate identifies the provider’s certified capacity which is the maximum number of people in care that can be placed in the home. The provider is responsible for keeping the operating certificate in a safe, visible location in the Family Care Home.

17 The Justice Center addressed this concern with the family care coordinator and were subsequently assured that all Family Care Home providers would receive education on respite services and would receive respite applications for renewal at the providers meeting on July 19, 2017.
Two homes through Psychiatric Center had inaccurate certified capacities documented on the operating certificate. Both certificates indicated that the provider was authorized “to operate a family care home with a certified capacity of three (6) beds…,” making the actual approved capacity unclear.

At one home through Psychiatric Center, the operating certificate available for review expired on July 1, 2016. While the family care coordinator provided a current operating certificate upon request, the Family Care Program Policy and Procedure Manual, states that all operating certificates shall remain the property of the Office of Mental Health. Expired, invalidated, revoked or terminated certificates should be returned to the Office of Mental Health.

**FAMILY CARE HOME SAFETY STANDARDS**

J. Smoke detectors were not installed in the bedrooms of several people in care, as required.

The Family Care Program Policy and Procedure Manual and the Standards for Family Care Homes regulations 14 NYCRR §585.7(d)(1)(ii)(a), state that one smoke detecting alarm device shall be located in each person’s bedroom. Five of the eight homes were not in compliance with this requirement when the Justice Center was on site. Four homes did not have smoke detectors installed in the bedrooms of the people in care, and the fifth home had smoke detectors in all bedrooms, however, one smoke detector had been detached from the ceiling and was resting atop the chest of drawers. Furthermore, the “State of New York Office of Mental Health Semi Annual Family Care Home Safety Inspection Checklist for 1 and 2 Family Dwellings” used by these sponsor agencies does not include smoke detectors for each bedroom on the checklist for safety inspections.

K. Emergency phone numbers and access to land lines were not available in all Family Care Homes.

The Family Care Program Policy and Procedure Manual and the Standards for Family Care Homes regulations 14 NYCRR §585.7(d)(4)(ii), state that the phone numbers of the local police and fire departments shall be posted near every telephone in the family care home. Four of the eight homes were not in compliance with this requirement when the Justice Center was on site.18

The Family Care Program Policy and Procedure Manual also states that there should be at least one landline available in the home. In one home through Psychiatric Center...

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18 In three of these homes the “State of New York Office of Mental Health Semi Annual Family Care Home Safety Inspection Checklist for 1 and 2 Family Dwellings” indicated that the homes were in compliance with this requirement during the safety inspection.
Center, a land line phone did not exist and the Family Care provider used their personal cell phone instead.

L. **Fire Evacuation Plans were not conspicuously posted within the Family Care Homes.**

The *Family Care Program Policy and Procedure Manual* states that a “Fire Evacuation Plan” shall be prepared by the provider and posted in a common location so that the people in care can easily refer to the plan.

During site visits on May 24, 2017, and May 25, 2017, the Justice Center found that two Family Care Homes through [redacted] Psychiatric Center were not in compliance with this requirement. Additionally, the June 2017 Safety Inspection Checklist for these two homes documented that a fire evacuation floor plan was not posted, but did not recommend or require corrective actions.

**Provider Medication Storage, Administration and Documentation**

M. **Medications were not secured in a locked area.**

The State of New York, Office of Mental Health, *Family Care Program Policy and Procedure Manual*, states that the family care provider should keep medications locked in a centrally located area and hold the key to the locked area. Additionally, the Family Care Training Manual (August 2007), Appendix 4-A – “Rules of Medication Administration Storage,” states that the medication box should be locked and the key kept with the person in charge.

Five of the eight Family Care Homes visited did not have medications in a secure, locked location. Three of the homes did not have a lock on the area/container in which medication was stored and the other two homes had locks on the storage area/container but the storage area/container was unlocked at the time of the visit. Both family care providers stated that they were unaware of the requirement to store medications in a locked area.

N. **Medications were not stored in and dispensed from the original prescription container.**

The Family Care Training Manual states that medicine containers must be plainly and legibly labeled. The manual also states that “medications are not to be removed from the pharmacy bottle and put into another container”. Medications are always to be administered from the original container.

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19 Section 10.6.6 – Self-Administration of Medication, #3 and #4.
20 Appendix 4-A – “Rules of Medication Administration Storage”
At one Family Care Home through Psychiatric Center, the Justice Center observed medications in unlabeled medicine cups on the kitchen counter for the people in care to take. This practice could lead to a person in care ingesting the wrong medications. Additionally, this practice does not provide people in care with an opportunity to self-administer medication.

O. There were discrepancies between the prescribed medication and the medication treatment in records.

In one Family Care Home through Psychiatric Center, the Justice Center found that the required medical and treatment records for three of the six people in care did not document all the prescribed medications consistently in the treatment documents.

At another home through Psychiatric Center, the instructions received from the pharmacy regarding the frequency of glucose level checks for the person in care were altered with no explanation. According to the instructions received from the pharmacy, the person in care was expected to check his glucose levels three times daily. However, the original instructions from the pharmacy had been crossed out and written over to state that the person was to check his glucose levels twice weekly. The alterations to the pharmacy order was not initialed or dated and the medication administration record was not initialed by the family care provider in accordance with the original or edited glucose checking treatment.

P. The medication administration records were not completed or thorough at the time of medication administration.

Failure to thoroughly document the administration of medication puts the person in care at risk of not receiving medication as required and fails to ensure that each person’s medication record is accurate.

A review of medication administration records at the eight homes revealed a total of 845 occurrences where medication records were not completed as required in six of the homes. Specifically, the provider did not initial individual medication administration records directly following the administration of medication.

At one home through Psychiatric Center, the family care provider had one occurrence where she documented completion of the observation of medication administration prior to the time the medication administration was scheduled.

21 Source: Medication Supervision Record.
22 Per sections 10.6.6 and 10.6.8 of the State of New York, Office of Mental Health (July 2006), Family Care Program Policy and Procedure Manual.
At one home through program [redacted] Psychiatric Center, the family care provider had not completed the medication administration records for any of the people living in the home for several days in April 2017. Additionally, the May 2017 medication administration records were not available during the site visit, which occurred on May 24, 2017. Furthermore, the family care provider had initialed medication administration records for one person in care for days that did not exist, February 29, 2017, through February 31, 2017. Lastly, during the site visit to this home, one person in care's medication administration records were not available for reference in the home even though he had been living at this home since October 2004.

At one home through [redacted] Psychiatric Center, the family care provider stated that she does not complete the individual medication administration records daily, but created her own system. Daily, she monitors medication administration and documents an “X” for that day on her refrigerator calendar to reflect that she monitored medication administration for the day. She explained that she completes medication administration records for each person in the home for multiple months at one time. During the Justice Center site visit on June 21, 2017, all medication administration records were last initialed in March 2017. This system of marking an “X” on a calendar is not sufficient to document medication administration; it does not verify that medication was dispensed at all prescribed times, if a medication was refused, if the person was not home to take the medication, or who monitored the medication administration. Furthermore, this practice is not in compliance with Section 10.6.6 of the Family Care Program Policy and Procedure Manual. Below is a picture of this provider’s medication administration documentation practice.
There were three homes in which the providers completed the medication administration records as required for most of the dates and times reviewed. However, there were days and times when the medication administration records were not completed for all people in care. At one of these homes through Psychiatric Center, the provider stated that she monitored the medication administration of all people in care earlier that morning, however this was not documented on the medication administration records.

At one Family Care Home through Psychiatric Center, the provider completed the individual medication administration records after our request to review the documents. Due to the provider’s actions to complete the medication administration records prior to giving them to the Justice Center for review, the original accuracy and completeness of the records prior to our request to review the documentation could not be determined.

In another home through Psychiatric Center, the medication administration records were not completed directly following each individual medication administration and the person monitoring the medication administration was not the same person initialing the medication administration record.

Four family care providers did not complete all fields of the medication administration records for the people in care, including the signature and/or initials of the person monitoring the medication administration, and the scheduled times of the medication administration.

Additionally, two homes through Psychiatric Center used a medication administration record that did not contain fields to document medication administration that occur more than one time per day. Specifically, the document contained one field per day for the provider to initial the monitoring of medication administration, making it impossible to know if all morning, afternoon and evening medications were administered as prescribed. A copy of the document is inserted below for reference.

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23 The Justice Center immediately requested that the provider discontinue her actions and provide the documentation in its current state.
Service Plan and Personal Documentation

Q. Residential service plans and personal care service plans were not available in all Family Care Homes.

The *Family Care Program Policy and Procedure Manual* and the Standards for Family Care Homes regulation 14 NYCRR §585.9, states that each person in care shall have a residential service plan prepared, implemented, and monitored by the program sponsor. The preparation of the residential service plan shall involve the person in care, the family care provider, and other providers of services and be derived from the individual's comprehensive treatment plan and include long and short-term goals, services programs provided to meet goals, and strategies and timetables for attaining goals. A completed copy of the residential service plan is required to be provided to those who participated in its preparation. Additionally, some individuals may also have a personal care service plan for personal care services to be delivered by the provider based on doctor’s orders.

The residential service plans for twenty-four of the thirty-eight people in care were not available in five of the eight homes visited. Furthermore, upon request to review these plans at these five homes, none of the providers were familiar with the document and stated that no such documents existed. Additionally, there were eight people receiving personal care services in three homes and the personal care service plans were also not available in the home as required.24

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24 Residential Service Plans and Personal Care Service Plans for all people in care were available at both Family Care Homes visited through the [xxx] Psychiatric Center and at one Family Care Home through [xxx] Psychiatric Center.
R. Residential service plans and personal care service plans were not reviewed semi-annually by all programs, as required.

Regular review of the service plans for the people in care helps ensure they receive the services they need and allows for service plans to change as individual needs change. Both OMH regulations and the, Family Care Program Policy and Procedure Manual require quarterly reviews of residential service plans during the first year of placement, and semi-annually thereafter. The Justice Center found that three homes lacked documentation to support service plan reviews were conducted by the Family Care Specialist or Coordinator, as required.

In one Family Care Home through [Redacted] Psychiatric Center, the residential service plan for a person in care was reviewed annually.  

In a home through [Redacted] Psychiatric Center, the residential service plans had pre-marked dates for when the semi-annual review was due. Upon completion of the review, the program coordinator or specialist would initial next to the review date to document that the semi-annual review was conducted. However, the residential service plans for two people in care were due for review in May 2017, but neither plan was initialed at the time of collection during the Justice Center’s visit on June 21, 2017. Additionally, at this home the personal care service plan for one person in care had not been reviewed since April 2016.

In another home through [Redacted] Psychiatric Center, the program coordinator or specialist had not reviewed the personal care service plan for one person in care for approximately eight months.

S. The doctor’s orders for personal care services were not attached to the individual personal care service plans and/or the orders were expired.

Personal care service plans are based on doctor’s orders and explain the personal care service(s) the provider is responsible to provide, the amount of time allocated to provide the service(s) and the frequency to provide the service(s).  

Sixteen of the thirty-eight people in care required personal care services in six of the eight homes. As noted earlier, three of these homes did not have copies of the individual personal care service plans available in the residence. These eight personal care service plans were provided to the Justice Center by the family care specialist/coordinator. None of these personal care service plans were based on the doctor’s orders.

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25 The person in care’s Residential Service Plan was reviewed on May 25, 2015 and the next review documented was dated May 23, 2016.  
26 The Personal Care Service Plan had a review date of October 2016, it was not dated/initialed as reviewed or revised at the time of our site visit on June 20, 2017.  
27 Section 10.7.10- 4.c. of the Family Care Program Policy and Procedure Manual states that “Personal Care Service Plans are based on doctor’s orders…”
service plans provided from the program sponsor had doctor’s orders attached to support the need for these services.

Copies of personal service plans for eight people were available in the home at the time of the Justice Center visit but five did not have doctor’s orders attached, and three were outdated.  

T. Specific physical health conditions for the people in care were not consistently documented across all personal/medical internal records.

A review of documentation including family care choking risk assessments, residential service plans, personal care service plans, and the respite provider logbook for two Family Care Homes through Psychiatric Center revealed conflicting information related to choking risks in the documentation for six people in care. The residential service plans for four people in care documented that the person was at risk for choking, however, this was not consistent with information contained in the personal care service plans, family care choking assessment form, and/or the respite provider logbook. Another person’s personal care service plan revealed that he required monitoring during meals and his food needed to be cut/chopped, however, his residential service plan and the respite provider logbook did not document any choking precautions.

U. Agency specific documents were unavailable or incomplete in the individual records for the people in care.

The Family Care Homes through Psychiatric Center had developed and used internal documentation that contained useful information and was easy to reference. One such document was the choking risk assessment form which is completed by a nurse upon the person’s admission and revised as individual choking indicators change. Another useful document was the respite provider logbook with fields to document useful information about the people in care, such as what the person prefers to be called, pertinent behaviors and medical needs. A medication administration sheet contained relevant medical information including the person’s physician’s name, allergies, date of last PPD, flu shot, annual physical exam, routine dental and eye appointment, and level of medication administration assistance needed.

Additionally, one Family Care Home through Psychiatric Center had a face sheet for people in care which outlined person-specific information and medical and program contacts. A separate form was used to track specialist provider information for the person.

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28 One doctor’s order was dated November 25, 2015, for personal care services for six months, another plan had an order dated June 4, 2016, for monthly personal care services with six refills, and the other doctor’s order was for personal care service for May 25, 2015 through November 25, 2015, with six refills.
While these documents were very informative, they were not used by all Family Care Homes, and were not completed and/or available for all people living in the homes that used the forms.

**Recommendations**

The Justice Center’s specific recommendations are detailed below. While this review focused on eight Family Care Homes sponsored through four OMH state-operated psychiatric centers, the Justice Center recommends that OMH consider applying these recommendations to all Family Care Homes as applicable.

### OMH Policies and Training

**A. Revise the State of New York, Office of Mental Health, *Family Care Program Policy and Procedure Manual***.

1. Include training requirements for all Family Care Home staff, incident reporting requirements, and standards for promoting independent living skills for the people in care.
2. Require and provide retraining to all family care staff on the revised policy and procedure manual.
3. Provide the manual to all family care staff and require that the manual is available in all Family Care Homes.
4. Provide oversight to the program sponsors to ensure adherence to the revised policy and procedure manual.

**B. Develop a system to ensure all staff working within the family care home receive the 2-day training in accordance to OMH requirements.**

1. Provide training to all family care staff, agency sponsors, providers, respite providers and safety officers on incident reporting requirements to the Justice Center.
2. Monitor program sponsor, family care staff, providers, and respite providers to ensure compliance with incident reporting requirements.

**C. Ensure all sponsor agency staff working with the family care home providers receive adequate training to perform their duties.**

1. Consider making it a requirement for safety officers responsible for conducting visits to the home to attend the 2-day training and refresher trainings as needed.
2. Ensure family care specialists and coordinators attend trainings along with the family care home staff to facilitate communication and allow for an open forum to discuss questions and concerns as they arise.

**PROMOTING INDEPENDENT LIVING SKILLS**

D. Ensure that self-administration of medication is supported appropriately for all people receiving care in a Family Care Home.

1. Include an attainable, concrete medication goal specific to self-administration of medication(s) in every residential service plan.
2. Review and update the goals, as appropriate, during the semi-annual residential service plan reviews.

E. Ensure family care providers are promoting independent living skills for people in care.

1. Provide training to the family care providers on ways to support people in care developing independent living skills based on their individual needs and abilities.
2. Monitor family care providers to ensure that they support the people in care to be as independent as possible, and that service plans include the development of independent living skills.

Program Sponsor Monitoring

**TRAINING**

F. Develop and conduct sufficient trainings to meet the family care providers required amount of education/training.

1. Ensure that a minimum of six-hours of education every six months for family care providers is provided.
2. Develop a training schedule and provide the calendar to all family care providers and respite providers.
3. Develop a system for tracking and maintaining family care provider attendance at trainings to confirm completion of training/education.
4. Ensure that respite providers attend trainings to ensure they are receiving timely and thorough education on updates and changes in the Family Care Home practices.

G. Ensure Family Care Home staff receive the necessary training and education on their mandated reporting requirements.
1. Ensure that all appropriate Family Care Home staff receive training on the Justice Center reporting requirements, and sign the Code of Conduct when they are hired and on an annual basis thereafter.
2. Ensure that program policies and procedures for incident reporting include the requirements for reporting allegations of abuse, neglect, and significant incidents to the Justice Center.

**SPONSOR OVERSIGHT AND DOCUMENTATION**

**H. Ensure home visits are conducted at least monthly as required.**

1. Provide training, and monitor to ensure that:
   i. the family care specialists visit every person in care monthly to evaluate the effectiveness and appropriateness of the placement,
   ii. conduct at least one unannounced home visit is completed annually, and
   iii. visits are properly documented.

**I. Implement a system to ensure respite provider documentation is current and a standardized procedure is in place for tracking respite services.**

1. Develop a system for tracking all approved respite providers’ applications and medical evaluations, and their renewal dates, and services provided to the family care provider homes.
2. Provide training to all family care providers and respite providers on their certification and approval requirements and on the procedure for tracking respite service use.
3. Monitor family care provider adherence to the procedures.

**J. Ensure the operating certificates maintained in the Family Care Homes are accurate and current.**

1. Review the operating certificates maintained in each Family Care Home to ensure they are accurate and current.
2. Develop a system for collecting expired, revoked, invalidated, terminated operating certificates.

**FAMILY CARE HOME SAFETY STANDARDS**

**K. Ensure Family Care Homes comply with code requirements specific to the installation of smoke detectors in all bedrooms.**

1. Develop a plan to ensure smoke detectors are installed in all appropriate locations within the Family Care Homes.
2. Consider revising the semi-annual safety inspection checklist to specifically ask, “Are smoke detection units installed in all bedrooms?”
3. Conduct ongoing monitoring of provider adherence to the Family Care Home smoke detector requirements.

L. **Ensure Family Care Homes comply with requirements to post emergency telephone numbers and provide access to a landline telephone.**

   1. Develop a plan to ensure emergency telephone numbers are in an easily accessible location within the Family Care Home for reference in the event of an emergency and that a phone is accessible to the people in care.
   2. Consider revising the semi-annual safety inspection checklist to include criteria for access to a phone in the home, and provide retraining to the safety officers on the revised safety inspection checklist.
   3. Conduct ongoing monitoring of family care provider adherence to requirements for posting emergency phone numbers and access to a phone within the home.

M. **Ensure Family Care Home adherence to requirements for posting fire evacuation plans within the Family Care Home.**

   1. Ensure that each home has a current fire evacuation plan posted in a public area in the home so all are aware of the plan.
   2. Conduct ongoing monitoring of family care provider adherence to the fire evacuation plan requirements.

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Provider Medication Storage, Administration and Documentation

N. **Implement a procedure to ensure medications are secured in a locked area.**

   1. Ensure family care providers, respite providers, and family care specialists receive education on the proper way to store medications.
   2. Provide oversight to ensure family care provider adherence to safe medication practices.

O. **Ensure that medications are stored in and administered from the original prescription container.**

   1. Ensure family care providers receive the proper training on how to properly store medications within the Family Care Home.
   2. Provide oversight to ensure family care provider adherence to the safe storage of medications.

P. **Provide training to family care providers on adhering to prescribed medication and treatment in records.**
1. Provide training on how to document any prescription or treatment changes on the medication treatment records, as well as the process for obtaining revised medication treatment records.
2. Provide oversight to ensure family care provider compliance with adhering to prescriptions and treatments for the people in care and documentation.

Q. Provide additional training to family care providers on thorough completion of medication treatment records at the time of medication administration.

1. Develop a standard medication treatment record that is consistently used across all program sponsors and includes all essential fields including but not limited to: patient name, date of birth, medication name, dosage, time of administration, areas for monitor’s initials after each time of administration, area for monitor to write full name and initials, and any other person in care specific information deemed necessary.
2. Provide ongoing training to the family care providers on how to properly document medication administration.
3. Conduct ongoing monitoring of family care provider adherence to the accurate and thorough documentation of medication administration.

Service Plan and Personal Documentation

R. Ensure copies of residential service plans and personal care service plans are maintained and easily accessible for reference at the Family Care Home.

1. Collect and maintain service plans in a location that is secure to maintain confidentiality but is easy to access for staff.
2. Review service plans to ensure they are accurate, current, and complete.

S. Review residential service plans and personal care service plans on a semi-annual basis, and revise as necessary.

1. Upon reviewing and revising residential service plans and personal care service plans, ensure review and revision dates are documented.
2. Provide copies of the residential service plans and personal care service plans (if applicable) to each team member participating in the review and ensure a current copy is maintained in the Family Care Home.
3. Consider developing a tracking system for the service planning team to track when service plan semi-annual reviews are due to ensure timely and accurate reviews occur.
4. Provide ongoing monitoring of the service planning team’s adherence to these requirements.
T. **Ensure doctor’s orders for personal care services are available and current for people with personal care service plans.**

1. Review all doctor’s orders for personal care services for people with personal care service plans to ensure that the doctor’s order is available and current.
2. Obtain renewed doctor’s orders for personal care services for orders that are outdated but deemed necessary.
3. Attach a copy of the current doctor’s order for personal care services to the current personal care service plan.
4. Consider developing a tracking system for reminding the service planning team when a doctor’s order for personal care services is expiring and a new order is needed to prevent lapses in ordered services and maintenance of current and accurate documentation.
5. Provide ongoing monitoring of the service planning team’s adherence to these requirements.

U. **Ensure personal/medical records for the people in care is accurate and consistent.**

1. Review the personal/medical records for the people in care for accuracy and consistency.
2. Ensure specific physical health conditions are consistently documented on all documents in the record, making individual physical conditions, limitations and needs clear.
3. Revise the individual personal/medical records in a timely manner for each person in care as changes occur.

V. **Complete program-specific documentation for each person in care and maintain records of these documents in the individual’s file maintained in the Family Care Home.**

1. For the agencies that currently use internal program-specific documents, ensure that they are completed for each person in care,
2. Consider developing standardized documents to be used across all Family Care Home program sponsors.