

Compliance Summary Detail
(Insert Agency Name)
(Insert Date)

On February 22nd and February 28th, 2007, SRS Quality Assurance Staff (Insert staff name) reviewed records and monitored service provision on site at (Insert agency name and sites visited).

QA Staff found that (Agency name) is not in compliance with the following licensing regulations and has previously provided verbal feedback on (date) and formal written feedback on (date):

30-63-26. Staffing; abilities; staff health.

(d) Staff who have been certified by a recognized training agency to give CPR and first aid shall be available in sufficient numbers whenever persons being provided services are present.

Not met as evidenced by:

- Per observation and file review on February 28, 2007 - staff who have been certified by a recognized training agency to give CPR and first aid are not available whenever persons being provided services are present.

30-63-24. Individual Health

(a) A provider shall assist each person served, as necessary, in obtaining the medical and dental services to which the person has access and that may be required to meet the person's specific health care needs, including the following:

(4) obtaining necessary supports, including adaptive equipment, and speech, hearing, physical, or occupational therapies, as appropriate.

Not met as evidenced by:

On site visits to group homes A and C on February 22nd and 28th revealed that four of seven persons requiring adaptive equipment did not have access to adaptive equipment required for specific health care needs.

Person A. - No lip plate

Person B. - No lip plate

Person C - Helmet not available

Person D - Shower chair not available

30-63-28. Abuse; neglect; exploitation.

(f) A provider shall not employ any individual who is known by a provider to have

had a conviction for or a prior employment history of abuse, neglect, or exploitation of children or vulnerable adults.

Not met as evidenced by:

- File review performed on February 28th revealed that required background checks are not completed and on file for all employees.

(Insert agency name) will provide a written plan of correction to address the above deficiencies by (insert date) to (Insert QA staff name and address).

Quality Assurance Staff

Date

Community Service Provider

Date