



COMMONWEALTH OF PENNSYLVANIA

Mr. James Nixon
CEO
Community Council for MH/MR
4900 Wyalusing Avenue
Philadelphia, PA 19131

FEB 26 2016

Re: Outpatient
License# 121630

Dear Mr. Nixon:

The Department of Human Services conducted an annual licensing inspection on December 2, 2015 to December 4, 2015. The inspection of the above Outpatient Services identified violations of Title 55 Pa Code Chapter 5200, which are specified on the enclosed Licensing Inspection Summary.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with Title 55 Pa Code Chapter 5200 must be maintained. Please be advised that if the current deficiencies are observed to have not been corrected at the time of our next survey visit, such will justify the issuance of a provisional license at that time.

Sincerely,

Dennis Marion
Deputy Secretary

Enclosure
Licensing Inspection Summary

c: HS Licensing Management and Research
OMHSAS Business Partner Support Unit
Philadelphia County Administrator, DBH/IDS Program
Southeast Office

DEPARTMENT OF HUMAN SERVICES
OFFICE OF MENTAL HEALTH & SUBSTANCE ABUSE SERVICES

LICENSING INSPECTION SUMMARY

Announced	x
Unannounced	

Name of Facility:	Community Council	Name and Title of Provider Agency Representative completing the Plan of Corrective Action: (Print/Type below) Dr. Brigid Bautista, Chief Medical Officer Kahlil Shepherd, Clinical Operations Manager Kaywana Broomer, Clinical Compliance Specialist Wanda Moore, Compliance Officer	
Address:	4900 Wyalusing Avenue Philadelphia, PA 19131		
Phone #:	215-473-7033 ext. 7234	⇒	
Type of Program	Outpatient	Signatures	Date 2/16
License Number:	121630	Legal Entity Representative:	
Name of Surveyor:	Ms. Cole		
Date of Inspection:	December 2-4, 2015	OMHSAS Staff Approval:	
Type of Inspection:	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Complaint <input type="checkbox"/> Incident		

Findings: No Deficiencies Identified Deficiencies Identified

Regulatory Reference(s)	Areas Of Non-Compliance	Provider's Plan of Corrective Action	Projected Dates of Completion	Provider Approved
§ 5200.31 Treatment planning	Findings: A review of thirteen charts found: <ul style="list-style-type: none"> • Treatment Plans were for issues not related to mental health. • Treatment plans were completed on a timely basis. • Treatment plans were not updated to reflect changes/ or lack thereof, from one treatment plan to the next. • Involuntary clients treatment teams were not headed by a physician or psychologist and 	The Treatment Plan will be developed in accordance with the client's identified and diagnosed behavioral healthcare concerns and needs, updated at a minimum of every 120 days or sooner based upon the necessity to convert goals, objectives and/or interventions, consistently mirror progress, outline on-going challenges/barriers, identify meaningful strategies and depict any revised goal(s) and objective(s) as expressed by the client. A Provisional Treatment Plan update may need to be completed in the absence of the client in order to avoid late submission accompany with a note of explanation for the Provisional Treatment Plan. However, the provisional Treatment Plan update will be immediately reviewed with the client at the next attended session. Additionally, any change(s) expressed by the client to the provisional Treatment Plan update must be finalized prior to the end of the therapeutic session effective 12/7/15. Program Managers are required to enforce Treatment Planning standards through clinical supervisions and monthly self-chart audits effective 12/7/15. Program and Clinical Operations Managers will learn to conduct bi-monthly trainings that will strengthen clinical documentation practices effective 2/1/16. The Psychiatrist and Clinician will conduct monthly treatment progress reviews for clients undergoing Involuntary Behavioral Healthcare services. The clinician is responsible to document Treatment Review recommendations in the client's chart. The clinician will be responsible to discuss Treatment Review recommendations with the client and update the treatment plan following the consent from the client. The renewed treatment plan will reflect the timely dated signatures of the client, psychiatrist and clinician effective 2/1/16. Program Manager, Clinical Compliance Specialist, Compliance Officer and Clinical Operations Manager	6/30/16	
(1) Be based on the results of the				

DEPARTMENT OF HUMAN SERVICES
OFFICE OF MENTAL HEALTH & SUBSTANCE ABUSE SERVICES

<p>diagnostic evaluation described in paragraph (7).</p> <p>(2) Be developed within 15 days of intake, and for voluntary patients, be reviewed and updated every 120 days or 15 patient visits—whichever is first—by the mental health professional and the psychiatrist. For involuntary patients review shall be done every 30 days. Written documentation of this review in the case record is required.</p> <p>(3) Specify the goals and objectives of the plan, prescribe an integrated program of therapeutic activities and experience, specify the modalities to be utilized and a time of expected duration and the person or persons responsible for carrying out the plan.</p> <p>(4) Be directed at specific outcomes and connect these outcomes with the modalities and activities proposed.</p> <p>(5) Be formulated with the involvement of the patient.</p>	<p>were not updated every 30 days.</p> <ul style="list-style-type: none"> • Treatment plans did not exhibit experiences and/or activities that would be provided to assist the attainment of goals. Nor, did the plan provide a realistic time frame in which the achievement of the goal would be evaluated. • Progress notes did not adequately reflect what clinical interventions were provided. • Progress notes did not have a clinical component. • Progress notes were superficial and did not show advancement toward treatment plan goals. • A few treatment plans did not have a client signature attached to the document. 	<p>will continue to conduct random monthly audits on approximately 10% of all treatment plans to evaluate compliance. Non-compliant treatment plans must be corrected within 5 business days of the audit. Audit outcomes will be submitted to Executive Management for Staff Performance review and appropriate action.</p> <p>Trainings: Program Directors and Clinical Operations Managers will team to conduct mandatory bi-monthly training series with clinicians in order to strengthen the reflection of useful activities that aid towards accomplishment of treatment goals and establish practical intermittent timelines to assess goal progression and/or challenges/barriers. The Clinical Documentation training series will begin on 2/17/16 and underline the linkage between treatment plans and progress notes, address progress note clinical contents and focus on techniques to document transparent clinical interventions.</p> <p>Monthly Group Clinical Supervisions will concentrate on clinical documentation practices through the use of didactic treatment plan development processes. The Clinical Compliance Specialist, Compliance Officer and Clinical Operations Manager will continue to conduct random monthly audits on approximately 10% of all treatment plans to evaluate compliance. Non-compliant clinical documents must be corrected within 5 business days of the audit. Compliance audit outcomes will be submitted to Executive Leaders for Staff Performance review and appropriate action effective 2/26/16).</p> <p>Technology: The progress note template in our E.H.R. system (Credible) will be altered to capture the client's progress and/or regression in which clinicians will record any adverse or advance in treatment. The template used for progress notes will also be modified to incorporate a section on clinical interventions, which would be coded as a mandatory field. Meaning, the clinician would be prevented from skipping this section and moving on to the next field in the progress note effective 2/25/16.</p> <p>On-Board Mandatory Trainings: Newly hired direct care professionals will undergo the following trainings during the first 30-days of employment; a) Confidentiality, b) The Method of Motivational Interviewing, c) Child Therapy with the Experts Series; d) Cognitive Behavioral Therapy (CBT); e) Beyond Therapy: The Basics of Clinical Documentation; f) Suicide Prevention; g) Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting Pennsylvania; h) Ethics in Mental Health Practice; i) Cultural Diversity in Mental Health Practice; j) Ethics and Competency Issues; and k) data entry into our EHR system (Credible). All staff must produce written certification of participation in these training sessions to Human Resources with one month of training completion effective 3/6/16. Clinical Compliance Specialist, Compliance Officer and Clinical Operations Manager will continue to conduct random monthly audits on approximately 10% of all treatment plans and progress notes to evaluate compliance. Non-compliant treatment plans and progress notes must be corrected within 5 business days of the audit. Audit outcomes will be submitted to Executive Management for Staff Performance review and appropriate action.</p> <p>Programs have experienced problems, from time to time, with the electronic signature pad interface with our electronic records system. To address this problem, we have implemented a paper backup process that will be available to all clinicians effective 12/7/15.</p>	<p>6/30/16</p> <p>6/30/16</p> <p>6/30/16</p> <p>6/30/16</p> <p>6/30/16</p>	<p style="text-align: center;">2/2/16</p>
<p>§ 5200.41 Records</p> <p>(a) Under section 602 of the Mental Health and Mental Retardation Act of 1966 (50 P. S. § 4602), and in accordance with recognized and acceptable principles of patient record keeping, the facility shall maintain a record for each person admitted to a psychiatric clinic. The</p>	<p>a. A review of thirteen treatment plans found:</p> <ul style="list-style-type: none"> • Evidence of information shared with third parties without Release of Information forms in the chart. • Medication was being 	<p>The HIM Manager issued a Confidentiality Alert Bulletin and redistributed the agency's Confidentiality, Release of Confidential Information and Notice of Privacy policies to all staff on 12/8/15. The bulletin essentially reminded staff that sharing client information without the explicit written consent from the client, parent or legal guardian is strictly prohibited and substantiated violator(s) will face immediate employment termination. On-going Confidentiality trainings for new hires, needed Refreshers and Annual Confidentiality trainings will serve as a solid reinforcement regarding established Confidentiality laws and required practices.</p>	<p>6/30/16</p>	<p style="text-align: center;">1/2/16</p>

DEPARTMENT OF HUMAN SERVICES
OFFICE OF MENTAL HEALTH & SUBSTANCE ABUSE SERVICES

<p>record shall include the following:</p> <p>(4) Appropriately signed consent forms.</p> <p>(9) Medication orders.</p> <p>(10) Discharge summary</p>		<p>prescribed without a Medication Consent form in the chart.</p> <ul style="list-style-type: none"> Incomplete but signed medication forms were found in charts. Discharge summaries were not being done on a consistent and timely basis. 	<p>The physician or certified nurse practitioner obtains a signed Informed Consent to receive prescribed psychotropic medications after the benefits, risks and potential side effects of the medication are discussed with the client. The full medication regimen including dosage, route of administration, frequency and discussed risks and potential side effects are recorded on the Informed Consent Psychotropic Medication form. To prevent loss of the paper document and to better ensure the most current and accurate clinical information is reflected in each client's medical record, the Office Manager will collect completed Informed Consent to Psychotropic Medication forms from Prescribers daily. The Office Manager is responsible to forward completed Informed Consent to Medication forms to HIM department by the next business day. HIM staff is responsible to review forms for completeness prior to upload to the clients' electronic file. HIM will immediately reject and return incomplete forms to the responsible Prescriber for completion and resubmission to the Office Manager. The Chief Medical Officer reiterated completion and submission protocols to all medication prescribers on 1/8/16 and is primarily responsible to maintain compliance. The Chief Medical Officer, Office Managers, HIM staff, Clinical Compliance, and Compliance Officer will conduct monthly random audits on approximately 10% to evaluate compliance effective 1/8/16. Audit outcomes will be submitted to Executive Management for Staff Performance review and appropriate action.</p> <p>During the first 30 consecutive business days of a client's missed therapeutic appointments, clinicians will perform exhaustive documented outreach, via telephone and postal mailings. After no response from the client, the clinician will complete a comprehensive discharge summary and beneficial Aftercare Plan. The Aftercare Plan will be mailed to the individual's last known address. Utilization and Review staff will compile and distribute to program leaders the service tracking report of clients that have not received clinical services within the last 60 days. Program Leaders are required utilize report as a reference guide in order to ensure that all inactive cases represent timely and documented outreach efforts followed by a detailed discharge summary and constructive Aftercare Plan. Program Managers are required to enforce Discharge standards through clinical supervisions and monthly self-chart audits effective 12/21/15. Clinical Compliance Specialist, Compliance Officer and Clinical Operations Manager will continue to conduct random monthly audits on approximately 10% of all Discharge Summaries and Aftercare Plans to evaluate compliance. Non-compliant treatment plans must be corrected within 5 business days of the audit. Audit outcomes will be submitted to Executive Management for Staff Performance review and appropriate action.</p>	<p>6/30/16</p> <p>6/30/16</p>	<p><i>[Handwritten initials]</i></p> <p><i>[Handwritten initials]</i></p>
<p>§ 5200.23: Psychiatric supervision:</p>					
<p>At a minimum, the psychiatric supervision of a psychiatric clinic shall be by a psychiatrist who must monitor all treatment plans on a regular basis as defined by § 5200.31 (relating to treatment planning). Psychiatric supervision shall be expanded as necessary for the patient population and services provided.</p>	<p>3.</p>	<p>A review of thirteen charts found:</p> <p>A few treatment plans were not signed on a regular basis by a psychiatrist or they were signed late.</p>	<p>We have restarted our bi-weekly electronic alert notification system which informs psychiatrists that treatment plans are pending reviews and dated signatures effective 11/16/14. The Program Director and Office Manager are responsible to ensure the continuous maintenance of a seamless notification process. The Chief Medical Officer is accountable to ensure that psychiatrists' review and signature practices align with established regulation. Clinical Compliance Specialist and Compliance Officer will continue to conduct random monthly audits on approximately 10% of all treatment plans. Non-compliant treatment plans must be corrected within 5 business days of the audit. Audit outcomes will be submitted to Executive Management for Staff Performance review and appropriate action.</p>	<p>6/30/16</p>	<p><i>[Handwritten initials]</i></p>