

Ohio Department of Developmental Disabilities

John L. Martin, Director
Kathryn Haller, Deputy Director
Kelly Miller, Assistant Deputy Director

OFFICE OF PROVIDER STANDARDS AND REVIEW

**DIVISION OF
LEGAL AND OVERSIGHT**

ANNUAL REPORT

January 1, 2009 – December 31, 2009

The mission of the Ohio Department of Developmental Disabilities is continuous improvement of the quality of life for Ohio's citizens with developmental disabilities and their families.

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OFFICE OF PROVIDER STANDARDS AND REVIEW

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Licensure Annual Report

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Types of Licensure Reviews

On-Site Reviews

- **Term License Review** – a regularly scheduled review of a licensed facility which occurs approximately 90 days prior to the end of the facilities current license and results in the renewal of the facility’s license for a new term of either 1 year, 2 years, or 3 years based on the outcome of the review.
- **Plan of Compliance Review** – a follow-up review conducted to ensure that the facility has implemented the Plan of Compliance which they submitted to DODD.
- **Special Investigation Review** – an unscheduled review, which occurs during the existing term of a facility’s license, due to identified concerns such as complaints, Major Unusual Incidents, or adverse outcomes identified by other entities such as the Ohio Department of Health or the Ohio Department of Job and Family Services.
- **Feasibility Review** – a review conducted prior to the licensing of a new facility to ensure compliance with physical environment standards.
- **Initial Reviews**– a review conducted within 45 days of the opening of a newly developed facility. Initial reviews result in a 1-year term license.

Desk Reviews

- An unscheduled review that did not require an on-site visit, which occurs during the existing term of a facility’s license, due to late Plans of Compliance (POCs); late fire, water or septic inspections; or the results of an MUI investigation.

Licensure Annual Report

January 1, 2009 through December 31, 2009

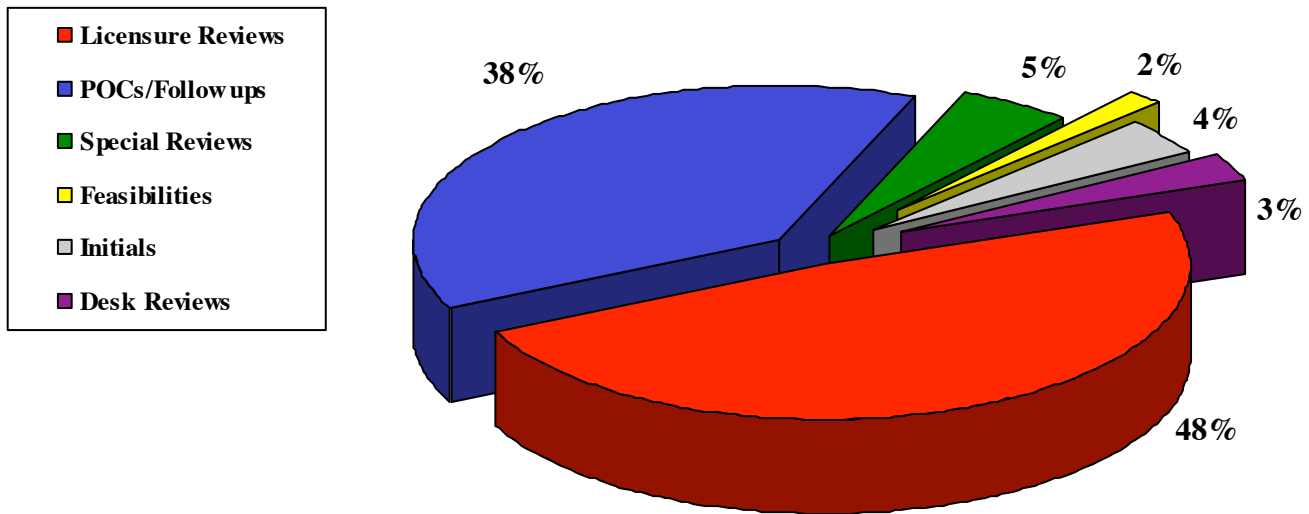
The Ohio Revised Code, Section 5123.19, mandates reviews of all facilities licensed by the department. The review results in the facility being issued a license to operate the facility. A facility may receive a 1-year, 2-year, or 3-year license based on the outcome of the review.

In 2009, there were 1,106 licensed facilities in operation. Those facilities were categorized as:

- 10 Developmental Centers
- 403 ICF/MR Facilities
- 693 Non-ICF/MR Facilities

Between January 1, and December 31, 2009, the department conducted 1,020 reviews. Of the 1,020 reviews, 993 were on-site reviews and 27 were desk reviews.

Of the 993 on-site reviews conducted during 2009, 494 regularly scheduled licensure reviews, 41 initial reviews, 389 plan of compliance (POC) reviews, 18 feasibility studies, and 51 special reviews were conducted.

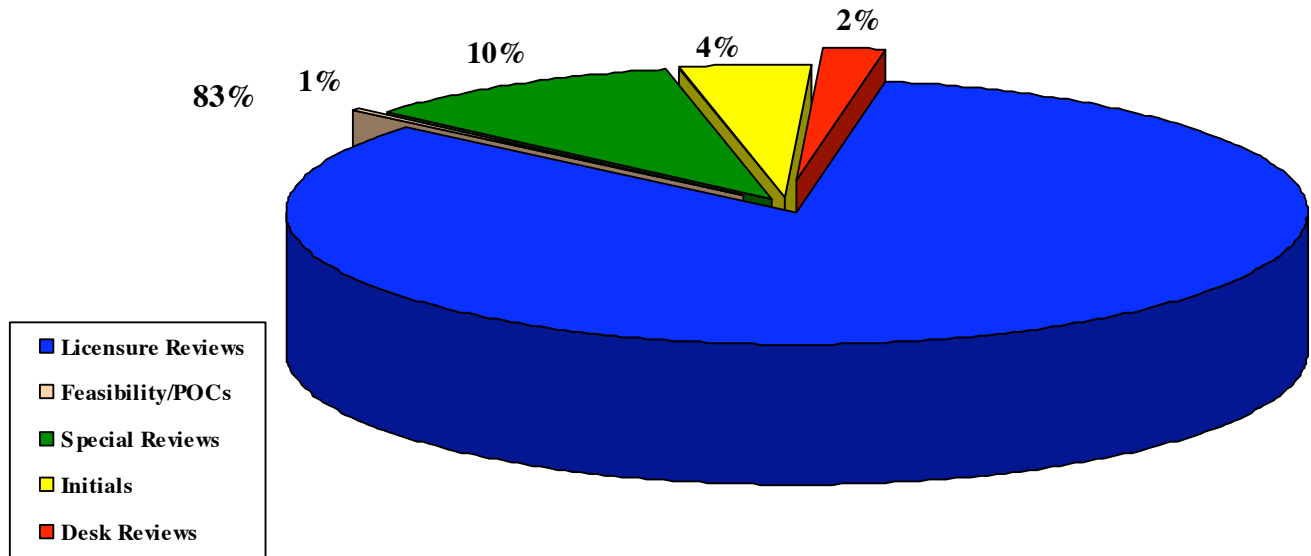


| <u>Type of Review</u> | <u>Total Number of Visits</u> |
|-------------------------------|-------------------------------|
| Licensure Reviews* | 494 |
| Initial Reviews* | 41 |
| Plans of Compliance Reviews | 389 |
| Special Investigation Reviews | 51 |
| Feasibility Studies | 18 |
| Desk Reviews | 27 |
| Total | 1,020 |

* Result in term licenses.

CITATIONS

Review Specialists issued 1,469 citations in 2009. Licensure reviews constituted 83% of the citations issued. All other reviews resulted in 17% of the citations.



| <u>Type of Review</u> | <u>Total Number of Citations</u> |
|---|----------------------------------|
| Licensure Reviews | 1,223 |
| Feasibility/Plans of Compliance Reviews | 6 |
| Special Investigation Reviews | 152 |
| Initial Review | 61 |
| Desk Reviews | 27 |
| Total | 1,469 |

During this time frame, there were 158 facilities that received *no citations* during their licensure reviews.

Licensees have the opportunity to appeal a citation that is issued to them. In 2009, out of 1,469 citations, 29 were appealed with 11 citations rescinded as a result. This constitutes a less than 1% rate of citations being rescinded.

CITATION APPEALS

| | |
|---------------------|----|
| Citations Appealed | 29 |
| Citations Rescinded | 11 |
| Citations Upheld | 18 |

TEN MOST CITED RULE VIOLATIONS STATEWIDE

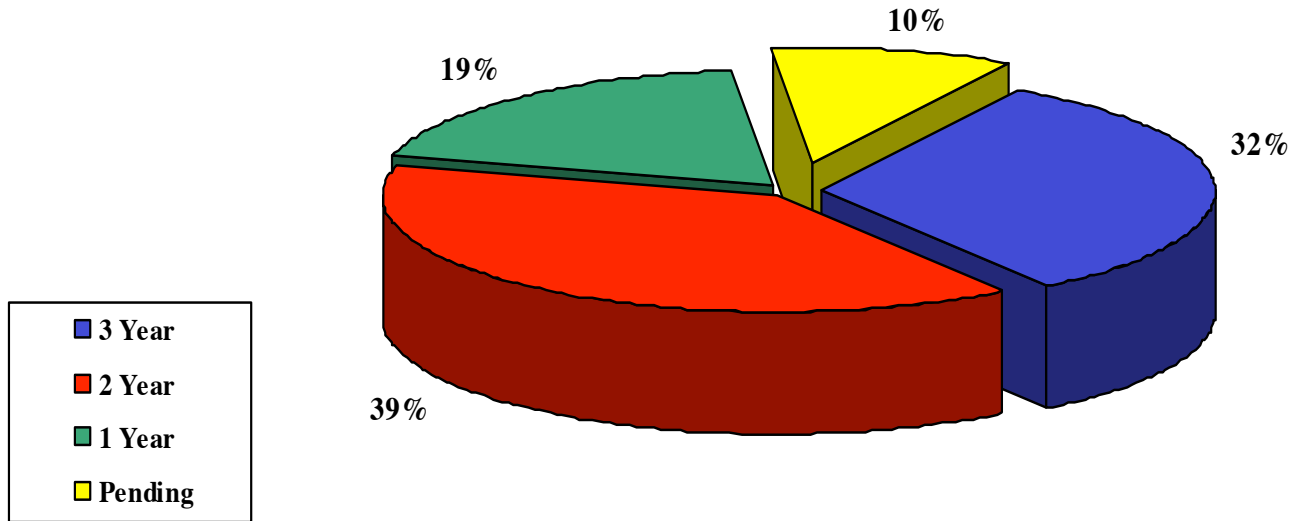
| CITATION | STATE WIDE | ICF | NON-ICF | CAPACITY | | | | |
|--|------------|-----|---------|----------|-------|--------|---------|-----|
| | | | | 1 - 2 | 3 - 5 | 6 - 15 | 16 - 50 | 51+ |
| #1 - 5123:2-3-17(F) - Individual Plan (IP) | 136 | 54 | 82 | 12 | 50 | 56 | 13 | 5 |
| The IP shall be implemented as written. | | | | | | | | |
| #2 - 5123:2-3-10(E)(1) - Physical Environment Requirements | 77 | 37 | 40 | 6 | 29 | 32 | 8 | 2 |
| All areas of the interior and exterior of the residential facility, the facility grounds and all electrical, plumbing and heating systems of the residential facility shall be maintained in a clean and sanitary manner and in good repair at all times except for normal wear and tear and adequate to meet the needs of the individuals. | | | | | | | | |
| #3 - 5123:2-3-09(E)(3) - Medication | 56 | 30 | 26 | 1 | 22 | 26 | 2 | 5 |
| The dose, time, frequency, or route of administration shall not be changed, substituted, or omitted except on the order of a licensed health professional authorized to prescribe drugs or a licensed nurse acting within the scope of his/her practice. | | | | | | | | |
| #4 - 5123:2-3-13(C)(9) - Individual Records | 52 | 17 | 35 | 4 | 22 | 18 | 5 | 3 |
| If not in the individual's plan, evidence of consents for the participation in services including, but not limited to, medical treatments, behavior support plans, and the use of psychotropic medications. | | | | | | | | |
| #5 - 5123:2-3-07(B)(6) - Employment and Staffing | 48 | 15 | 33 | 3 | 24 | 19 | 0 | 2 |
| Habilitation staff and support staff employed on or after the effective date of this rule shall be tested for tuberculosis in accordance with this paragraph. The required tuberculosis test shall include a two-step Mantoux tuberculin skin test administered by a person properly trained to administer tuberculin skin tests, or, if the person has a documented history of a significant Mantoux skin test, an x-ray. The person shall not work in the facility until after the results of the first skin test have been obtained and recorded in millimeters of in duration. If the first step is non-significant, a second step shall be performed at least seven, but not more than twenty-one, days after the first step was performed. Only a single Mantoux is required if the person has documentation of either a single-step Mantoux test or a two-step Mantoux test within one year of commencing work. | | | | | | | | |

TEN MOST CITED RULE VIOLATIONS STATEWIDE (continued)

| CITATION | STATE WIDE | ICF | NON-ICF | CAPACITY | | | | |
|---|------------|-----|---------|----------|-------|--------|---------|-----|
| | | | | 1 - 2 | 3 - 5 | 6 - 15 | 16 - 50 | 51+ |
| #6 - 5123:2-3-04(F) - General Requirements | 46 | 25 | 21 | 6 | 17 | 14 | 6 | 3 |
| The licensee shall monitor the physical and psychological health of individuals and coordinate and arrange timely access to needed and preventative evaluations and treatments. The licensee shall ensure that appropriate records and knowledgeable staff accompany individuals to physical and psychological evaluations or are available to provide pertinent information related to the treatment indicated in the individual's plan. | | | | | | | | |
| #7 - 5123:2-3-02(L) - Licensure Application, Issuance, Survey, Renewal, and Sanction Procedures | 41 | 14 | 27 | 5 | 17 | 17 | 1 | 1 |
| Notwithstanding the term of a license issued in accordance with this rule, the department shall send any required annual inspection form(s) to the licensee no later than ninety days prior to the inspection's due date. The licensee shall submit an approved fire inspection and any other applicable inspections as described in paragraph (F)(4) of this rule to the department no later than the due date indicated on the inspection form. | | | | | | | | |
| #8 - 5123:2-3-11(G)(3) - Fire Safety and Emergency Response Plans | 39 | 18 | 21 | 3 | 15 | 14 | 3 | 4 |
| Training in the programs and techniques necessary to appropriately develop and implement the services of each individual for whom they are responsible as described in the individual's plan. | | | | | | | | |
| #9 - 5123:2-3-06(E)(6) - Background Investigations for Employment with Residential Facilities | 35 | 15 | 20 | 3 | 12 | 13 | 4 | 3 |
| Contact the Ohio Department of Health to inquire whether the nurse aide registry established under Section 3721.32 of the Revised Code reveals that its Director has made a determination of abuse, neglect, or misappropriation of property of a resident of a long-term care facility or residential care facility by the person. | | | | | | | | |
| #10 - 5123:2-3-06(E)(5) - Background Investigations for Employment with Residential Facilities | 32 | 13 | 19 | 3 | 10 | 14 | 3 | 2 |
| Contact the Department to inquire whether the person is included in the registry established pursuant to Section 5123.52 of the Revised Code. | | | | | | | | |

LICENSE TERMS

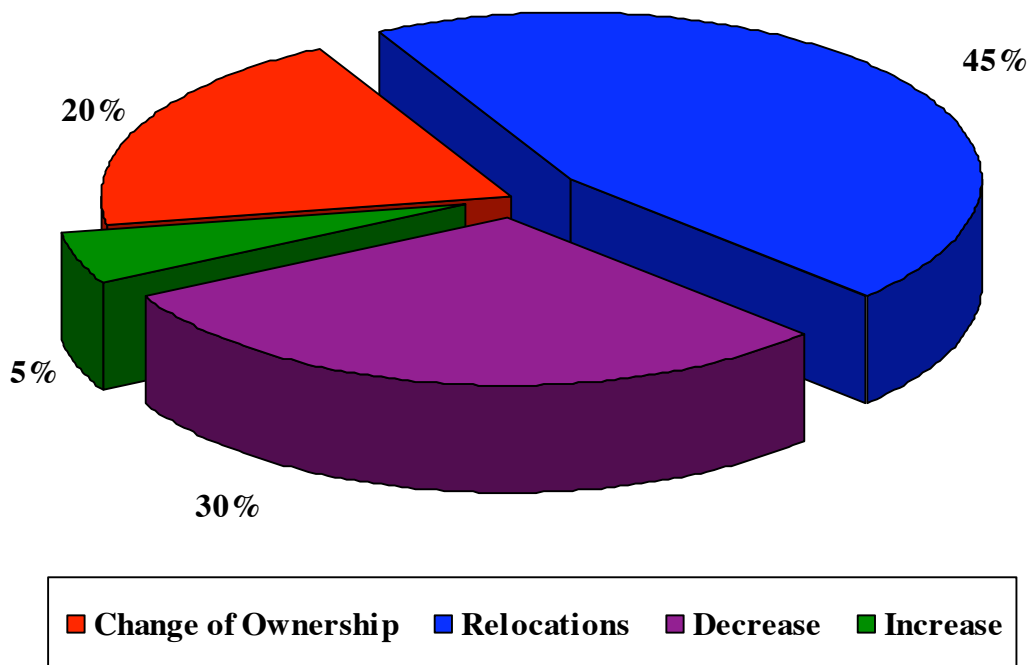
Licenses issued between January – December 2009



| | |
|---------|-----------|
| 3 Year | 171 |
| 2 Year | 208 |
| 1 Year | 102 |
| Pending | 54 |
| Total | <hr/> 535 |

Licenses are issued as a result of Licensure Reviews and Initial Reviews. Of the 535 initial and regular licensure reviews completed in 2009, 54 are pending.

DEVELOPMENT



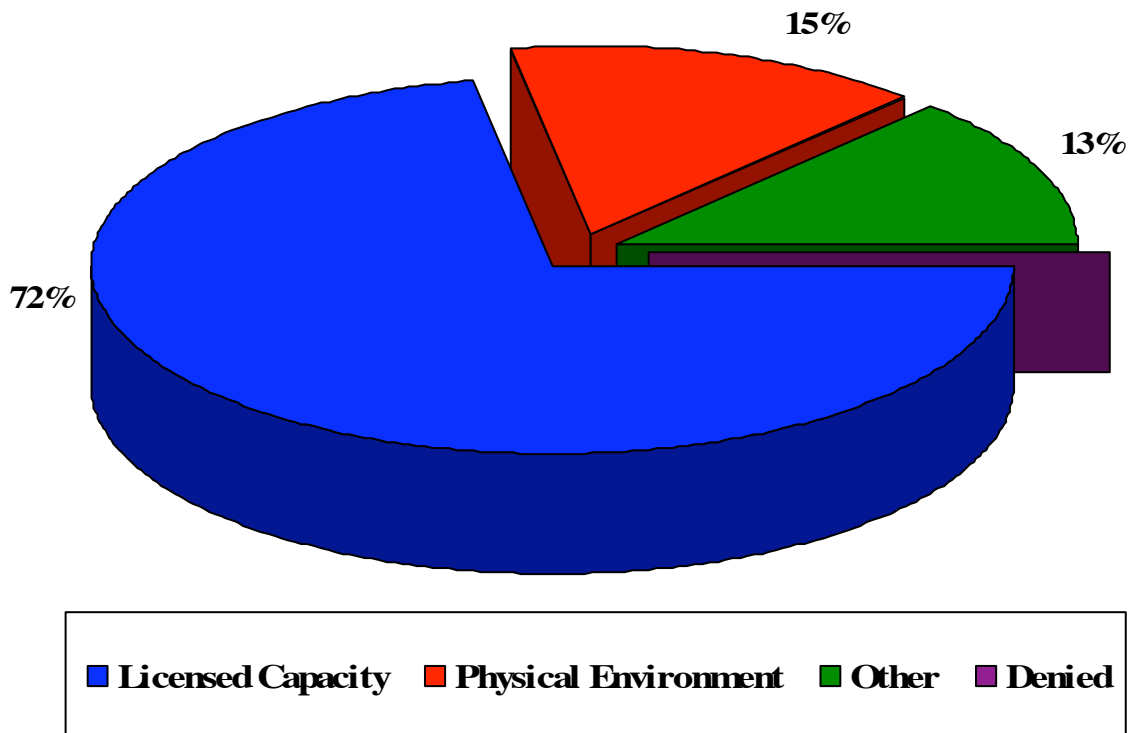
Action Table

| | |
|---|-----------|
| Change of Ownerships | 8 |
| Relocations (entire facility relocates to a new location) | 18 |
| Decrease | 12 |
| Increase | 2 |
| Total | <u>40</u> |

Decreases by Facility

| | <u>Previous Capacity</u> | <u>Decreased Capacity</u> |
|---|--------------------------|---------------------------|
| <u>ICF/MR</u> | | |
| CCBMR/Brooklyn House (Cuyahoga) | 8 | 7 |
| Guadalupe House (Lorain) | 19 | 14 |
| Sunset Unit B (Clark) | 6 | 5 |
| <u>WAIVER</u> | | |
| Eastwood/Greenbrook House (Lake) | 4 | 3 |
| J&S Harris Home II (Lucas) | 4 | 3 |
| North Shore Residential #24 (Cuyahoga) | 2 | 1 |
| Northeast Care – Delta House (Cuyahoga) | 10 | 6 |
| Northeast Care – Delta House (Cuyahoga) | 6 | 4 |
| Northeast Care – Gamma House (Cuyahoga) | 10 | 6 |
| Northeast Care – Gamma House (Cuyahoga) | 6 | 4 |
| Siffrin/Eleventh Street Home #1 (Stark) | 5 | 2 |
| Whitmer Home-Larry McKinstry Services (Stark) | 4 | 3 |

LICENSURE RULE WAIVERS



Action Table

| | |
|----------------------------|----------|
| Increase Licensed Capacity | 148 |
| Physical Environment | 30 |
| Other | 27 |
| Waiver Request Denied | <u>0</u> |
| Total | 205 |

In 2009, Licensure granted 205 waivers of licensure rule requests. The majority of these requests to waive licensure rules were for the purpose of increasing the licensed capacity of facilities for a specified period of time. Twelve (12) of those waivers were for Developmental Centers.

Licensed Facilities

NON-RENEWALS

| <u>Facility</u> | <u>Proposed Non-Renewal Initiated</u> | <u>Proposed Non-Renewal Withdrawn</u> | <u>Non-Renewal Notice Issued</u> | <u>Non-Renewal Disposition</u> |
|--|---|---|--------------------------------------|------------------------------------|
| Kathy McElvain Home (Richland) | 04/20/09 | 06/12/09 | | |
| New Avenues/Presser Home (Cuyahoga) | 06/18/09 | 08/31/09 | | |
| Non-Renewals Initiated: | 2 | | | |
| Non-Renewals Pending: | 0 | | | |
| Non-Renewals Withdrawn | 2 | | | |
| Non-Renewals Resulting in Revocation: | 0 | | | |

MONITOR PLACEMENT

| <u>Facility</u> | <u>Monitoring Initiated</u> | <u>Monitoring Withdrawn</u> |
|------------------------|---------------------------------|---------------------------------|
| Takoda Trails (Butler) | 01/09/08 | 02/05/09 |
| Camelot Lake (Butler) | 04/17/09 | 06/12/09 |

SUSPENSION OF ADMISSIONS

| <u>Facility</u> | <u>Suspension Date</u> | <u>Suspension Lifted</u> | <u>Suspension Withdrawn</u> | <u># Days Suspension in Effect</u> |
|-------------------------------------|----------------------------|------------------------------|---------------------------------|--|
| Siffrin/Conover Street Home (Stark) | 01/30/09 | 04/08/09 | | 68 |
| Siffrin/First Avenue Home (Stark) | 01/30/09 | 04/08/09 | | 68 |
| Siffrin/Swiss Avenue Home (Stark) | 01/30/09 | 04/08/09 | | 68 |
| Granger Home #3 (Lucas) | 02/11/09 | 06/09/09 | | 118 |
| Canterbury Villa (Knox) | 04/03/09 | 05/12/09 | | 39 |
| Camelot Lake (Butler) | 04/09/09 | 06/12/09 | | 64 |
| Marsh Home (Licking) | 07/09/09 | 12/01/09 | | 145 |
| Wilson Home (Licking) | 07/09/09 | 12/01/09 | | 145 |
| Starret Home (Licking) | 07/09/09 | 12/01/09 | | 145 |
| Morningview Home #2 (Marion) | 09/09/09 | 11/04/09 | | 56 |
| Morningview Home #3 (Morrow) | 09/09/09 | 11/04/09 | | 56 |
| Morningview Home #4 (Morrow) | 09/09/09 | 11/04/09 | | 56 |
| Total Suspensions Issued: | 12 | | | |
| Total Suspension Pending: | 0 | | | |
| Total Suspensions Lifted: | 12 | | | |
| Total Suspensions Withdrawn: | 0 | | | |

Licensed Facilities

REVOCATIONS

The Department of Developmental Disabilities is committed to educating licensed providers of the standards that must be followed and assisting them in maintaining compliance with rules through technical assistance and support. However, in some cases when good cause exists, the Department may initiate sanctions against a provider. Suspension or revocation proceedings of a provider's license(s) may be initiated if the Department finds one or more of the following:

- Substantial violation(s) of applicable requirements when violation(s) present a risk to an individual's health and welfare
- A pattern of non-compliance with either plans of compliance that have been accepted by the county board or those plans of compliance that the department has approved in accordance with this rule
- A pattern of continuing non-compliance with applicable requirements
- A licensed provider has had their license revoked by the licensing authority
- Other good cause, including misfeasance, malfeasance, nonfeasance, confirmed abuse or neglect, financial irresponsibility, or other conduct the director determines is injurious to individuals being served
- Placement on the Abuser Registry
- Conviction of Health Care Fraud

The following facility's license was revoked during 2009:

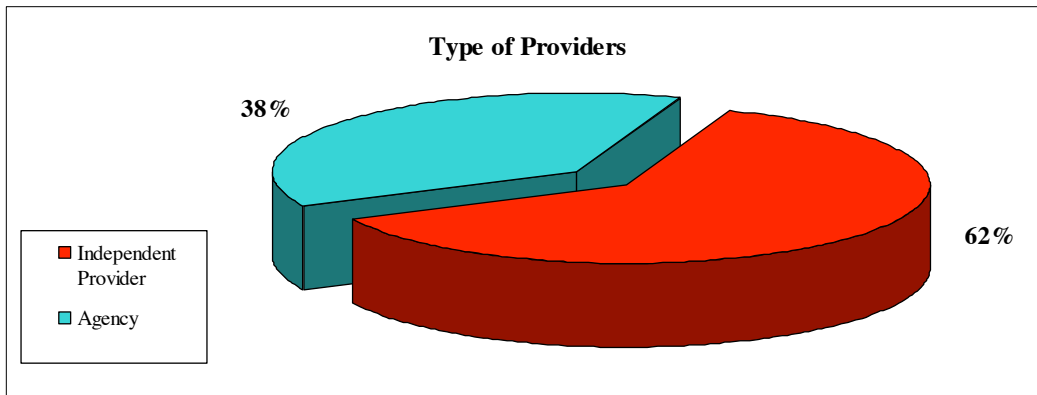
| <u>Facility</u> | <u>Revocation Initiated</u> | <u>Revocation Date</u> | <u>Revocation Withdrawal</u> |
|---------------------------|-----------------------------|------------------------|------------------------------|
| Shoenfelt Home (Richland) | 06/12/09 | 08/25/09 | |

Provider Compliance Annual Report

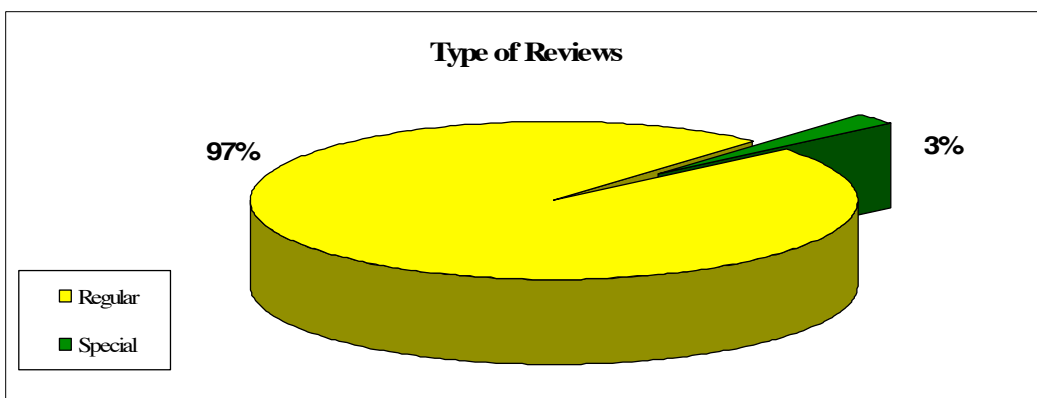
January 1, 2009 through December 31, 2009

Provider Compliance is responsible to assure that all Ohio Department of Developmental Disabilities (DODD) certified waiver providers are reviewed for compliance with continuing certification standards of waiver services to individuals residing in non-licensed settings and receiving waiver services. The department accomplishes this by conducting reviews on-site or as a desk review and /or the county boards conducting local on-site or desk reviews.

In 2009, review staff conducted 841 regular and special compliance reviews of both Agency and Independent Providers.

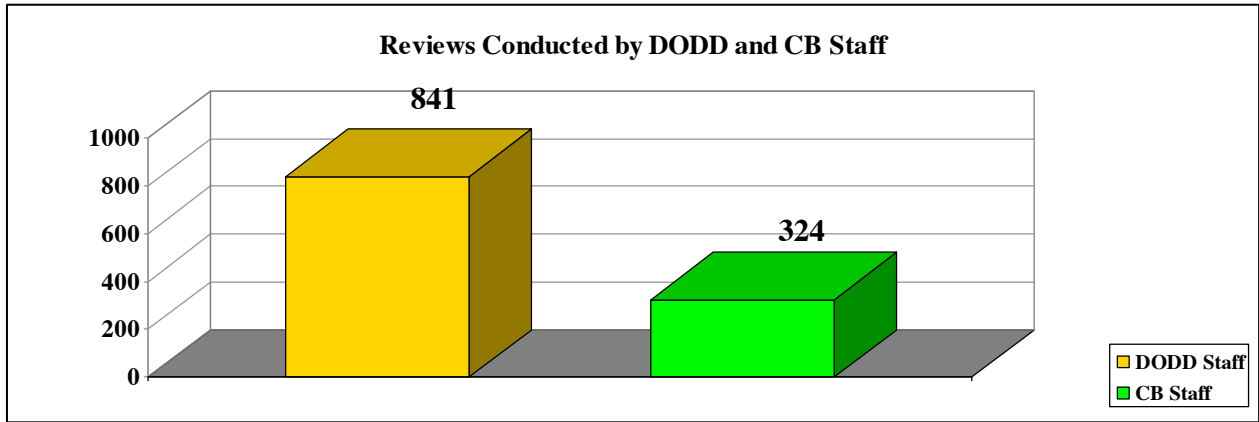


| | |
|------------------------------|-----|
| Agency reviews | 317 |
| Independent Provider reviews | 524 |



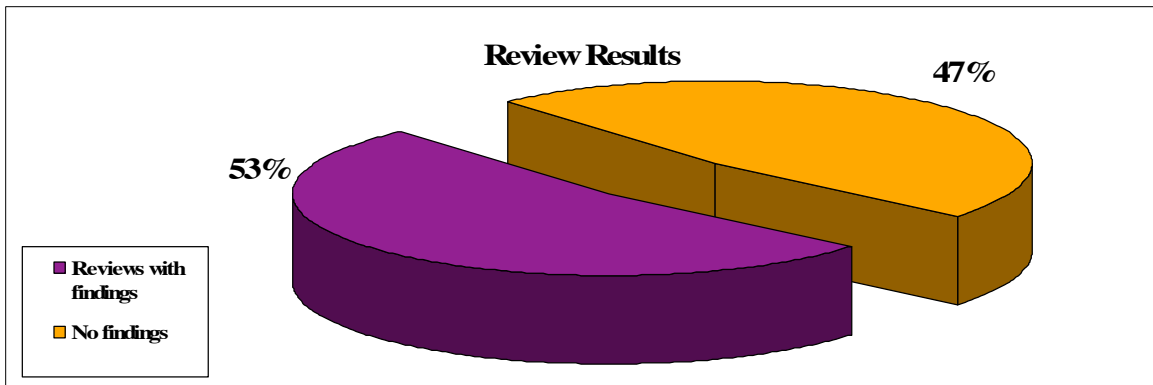
| | |
|-----------------|-----|
| Regular reviews | 819 |
| Special reviews | 22 |

In addition to the 841 reviews conducted by DODD review staff, there were 324 Provider Compliance reviews conducted by County Board staff around the state in 2009.



FINDINGS

Of the 841 Provider Compliance reviews conducted by DODD staff, 399 resulted in no findings.



| | |
|--------------------------|-----|
| Reviews with findings | 442 |
| Reviews with no findings | 399 |

| | |
|------------------------------|----|
| Number of Findings Appealed | 15 |
| Number of Findings Rescinded | 8 |
| Number of Findings Upheld | 7 |

Certified Providers

SUSPENSIONS OF CERTIFICATION – JANUARY 1 – DECEMBER 31, 2009

| <u>Provider</u> | <u>Suspension Imposed</u> | <u>Suspension Lifted</u> | <u>Relinquished Certifications</u> | <u>Certifications Revoked</u> |
|--|---------------------------|--------------------------|------------------------------------|-------------------------------|
| Continuum Home Health Care, Inc. (SL/IO/L1) | 05/21/08 | 04/12/09 | | |
| Kelly Sims (SL/IO) | 08/14/08 | 05/26/09 | | |
| Sunrise Living Skills Center (SL/IO) | 09/23/08 | | | 05/07/09 |
| Parrish Foundation (SL/IO/L1) | 10/06/08 | | | 04/17/09 |
| Individual Support Services, Inc. (SL/IO/L1) | 11/14/08 | 03/19/09 | | |
| Kim Henderson (SL/IO) | 11/18/08 | | | 04/23/09 |
| Becca Galloway (SL/IO/L1) | 12/09/08 | | 01/31/09 | |
| Lane Group Homes (SL/IO/L1) | 01/12/09 | | 05/19/09 | |
| Gardiner & Harper Residential Providers (IO/L1) | 01/22/09 | | 08/03/09 | |
| Volunteers of America/Hamilton Co. (SL/IO/L1) | 01/23/09 | 06/09/09 | | |
| Siffrin, Inc. (SL/IO/L1) | 01/30/09 | 04/08/09 | | |
| Choices & Opportunities (SL/IO) | 03/09/09 | 05/26/09 | | |
| Focus on Independence, LLC (SL/IO/L1) | 04/06/09 | 12/01/09 | | |
| Randall Hocker (SL/IO) | 04/08/09 | | | 07/14/09 |
| Danielle Pitts (IO/L1) | 04/08/09 | | | 07/14/09 |
| Melissa Ennis (SL/IO/L1) | 04/08/09 | | | 07/14/09 |
| Shannon Brubaker (SL/IO/L1) | 04/23/09 | 07/06/09 | | |
| True Providers (SL/IO) | 06/04/09 | | | |
| Janet Bell Glaeser (SL/IO) | 06/12/09 | | | 08/25/09 |
| Tristan Quintero (IO/L1) | 07/09/09 | | | 11/30/09 |
| Newark Resident Homes (SL/IO) | 07/09/09 | 12/01/09 | | |
| Country Essence (IO/L1) | 07/16/09 | | 08/13/09 | |
| Toby Keaton (SL/IO) | 07/30/09 | | | 11/20/09 |
| Club for the Ages, LLC (IO/L1) | 07/30/09 | | | 11/20/09 |
| Nicole Colby (SL/IO) | 07/30/09 | | | 11/20/09 |
| Susan Proffitt (IO/L1) | 08/20/09 | | | 12/01/09 |
| Just For You Supportive Living (SL/IO/L1) | 08/21/09 | | | |
| Jacqueline Fulks Teal (SL/IO) | 08/26/09 | | | |
| Ohio Supports, Inc. (SL/IO) | 08/27/09 | 12/10/09 | | |
| New Millenium Home Health, LLC (IO/L1) | 09/21/09 | | | |
| Ella Jane Hanshaw (SL/IO/L1) | 09/29/09 | | | |
| REM Ohio, Inc./Cuyahoga/Lorain/Summit (SL/IO/L1) | 10/23/09 | | | |
| Maria Gilley Augustine (SL/IO) | 10/23/09 | | | |
| Miller Foster Home Nursing Serv/Supp Living (SL/IO/L1) | 10/23/09 | | | |
| Amanda Biars (SL/IO/L1) | 11/20/09 | | | |
| Good Shepherd Services & Support, Inc. (SL/IO/L1) | 11/20/09 | | | |
| New Hope Health (SL/IO/L1) | 11/20/09 | | | |
| Andrew Wilkins (IO/L1) | 11/25/09 | | | |
| Total Homecare Solutions (SL/IO/L1) | 12/17/09 | | | |
| Tatum House (SL/IO) | 12/30/09 | | | |
| Penny Barnes (SL/IO) | 12/30/09 | | | |
| Brenda Preston (SL/IO) | 12/30/09 | | | |
| Lori's Adult Care, LLC (IO/L1) | 12/30/09 | | | |
| Kathryn Dianiska (SL/IO) | 12/30/09 | | | |
| Notices of Suspensions Initiated: | 37 | | | |
| Suspensions Pending: | 18 | | | |
| Suspensions Lifted: | 10 | | | |
| Voluntarily Relinquished Certifications: | 4 | | | |
| Suspension Withdrawn due to Revocation: | 12 | | | |

Key:

SL = Supported Living
L1 = Level One Waiver
IO = Individual Options Waiver

Certified Providers

REVOCATIONS OF CERTIFICATION – JANUARY 1 – DECEMBER 31, 2009

| <u>Provider</u> | <u>Revocation Initiated</u> | <u>Legal Notice Published</u> | <u>Revocation Date</u> | <u>Revocation Withdrawn</u> |
|--|-----------------------------|-------------------------------|------------------------|-----------------------------|
| Shannon Brubaker (SL/IO/L1) | 07/17/08 | | | 07/06/09 |
| Mary Beth Schroeder (SL) | 07/17/08 | | 08/25/09 | |
| Kelly Sims (SL/IO) | 08/14/08 | | | 05/26/09 |
| Robin Russell (SL) | 08/26/08 | | 11/10/08 | |
| Sunrise Living Skills (SL/IO) | 09/23/08 | | 05/07/09 | |
| Parrish Foundation (SL/IO/L1) | 10/06/08 | | 04/17/09 | |
| Kim Henderson (SL/IO) | 11/18/08 | | 04/23/09 | |
| Marion Graves (IO/L1) | 12/04/08 | | 03/05/09 | |
| Jacqueline Smith (SSA) | 12/09/08 | | 02/27/09 | |
| Becca Galloway (SL/IO/L1) | 12/09/08 | | | 01/31/09* |
| Gardiner & Harper Res. Providers (IO/L1) | 01/22/09 | | | 08/03/09* |
| Andrea Henderson (SL/IO/L1) | 03/02/09 | | 08/10/09 | |
| Randall Hocker (SL/IO) | 04/08/09 | | 07/14/09 | |
| Danielle Pitts (IO/L1) | 04/08/09 | | 07/14/09 | |
| Melissa Ennis (SL/IO/L1) | 04/08/09 | | 07/14/09 | |
| Janet Bell Glaeser (SL/IO) | 06/12/09 | | 08/25/09 | |
| Tristan Quintero (IO/L1) | 07/09/09 | | 11/30/09 | |
| Country Essence (IO/L1) | 07/16/09 | | | 08/13/09* |
| Cathie Hunter (SL/IO) | 07/30/09 | | 11/20/09 | |
| Toby Keaton (SL/IO) | 07/30/09 | | 11/20/09 | |
| Club for the Ages (IO/L1) | 07/30/09 | | 11/20/09 | |
| Nicole Colby (SL/IO) | 07/30/09 | | 11/20/09 | |
| Kim M. Jackson (SL/IO/L1) | 07/31/09 | | 11/20/09 | |
| Susan Proffitt (IO/L1) | 08/20/09 | 09/22/09 | 12/01/09 | |
| Jacqueline Fulks Teal (SL/IO) | 08/26/09 | | | |
| Lorri S. Johnson (SL/IO/L1) | 08/31/09 | 12/18/09 | | |
| Ella Jane Hanshaw (SL/IO/L1) | 09/29/09 | | | |
| Marie Gilley Augustine (SL/IO) | 10/23/09 | | | |
| Amanda Biars (SL/IO/L1) | 11/20/09 | | | |
| Good Shepherd Serv. & Supp. (SL/IO/L1) | 11/20/09 | | | |
| Andrew Wilkins (IO/L1) | 11/25/09 | | | |
| Tatum House (SL/IO) | 12/30/09 | | | |
| Penny Barnes (SL/IO) | 12/30/09 | | | |
| Brenda Preston (SL/IO) | 12/30/09 | | | |
| Lori's Adult Care, LLC (IO/L1) | 12/30/09 | | | |
| Kathryn Dianiska (SL/IO) | 12/30/09 | | | |

* *Voluntarily withdrew certification(s).*

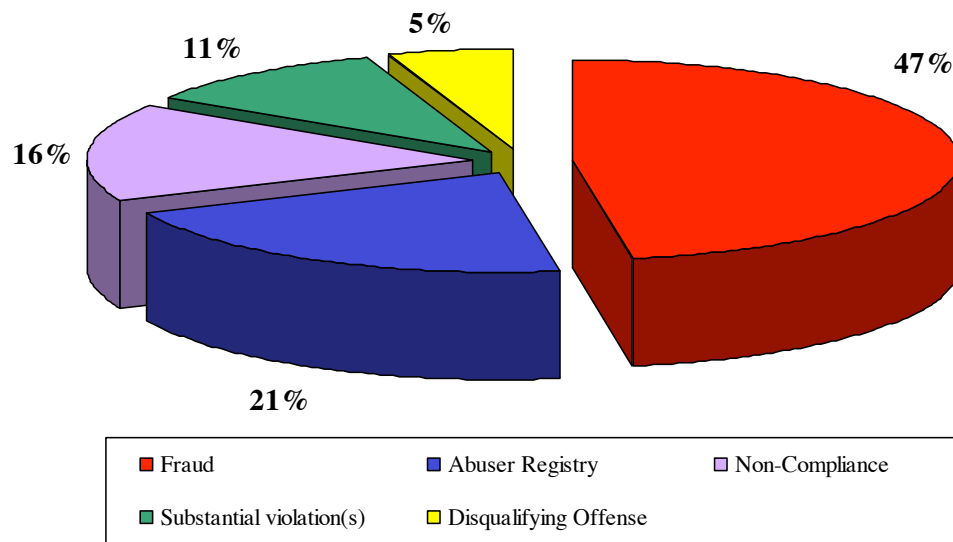
| | | |
|---|-----------|--------------------------------|
| Notices of Revocation Initiated: | 26 | Key: |
| Revocations Pending: | 12 | SL = Supported Living |
| Revocations Adjudicated: | 19 | L1 = Level One Waiver |
| Revocations Withdrawn: | 5 | IO = Individual Options Waiver |

Total Adjudicated Revocations for 2009

The Department of Developmental Disabilities is committed to educating certified providers of the standards that must be followed and assisting them in maintaining compliance with rules through technical assistance and support. However, in some cases when good cause exists, the Department may initiate sanctions against a provider. Suspension or revocation proceedings of a provider's certifications may be initiated if the Department finds one or more of the following:

- Substantial violation(s) of applicable requirements when violation(s) present a risk to an individual's health and welfare
- A pattern of non-compliance with either plans of compliance that have been accepted by the county board or those plans of compliance that the department has approved in accordance with this rule
- A pattern of continuing non-compliance with applicable requirements
- Other good cause, including misfeasance, malfeasance, nonfeasance, confirmed abuse or neglect, financial irresponsibility, or other conduct the director determines is injurious to individuals being served
- Placement on the Abuser Registry
- Conviction of Health Care Fraud

Following is a chart depicting the basis for the 19 certification revocations that were adjudicated during 2009.



| | |
|---|-----------|
| Conviction of Health Care Fraud | 9 |
| Placement on the Abuser Registry | 4 |
| Pattern of Non-Compliance | 3 |
| Substantial violation(s) presenting health & safety risk to individual | 2 |
| Disqualifying offense (misfeasance, malfeasance, abuse/neglect, financial irresponsibility, etc.) | 1 |
| TOTAL | 19 |

County Board Accreditation Annual Report

January 1, 2009 through December 31, 2009

Authorization for the Accreditation Process

Section 5126.081 of the Ohio Revised Code requires the Department of Developmental Disabilities to establish an Accreditation process for county boards of developmental disabilities to ensure compliance with federal and state statutes and rules.

The Ohio Revised Code authorizes the department to conduct reviews and investigations as necessary. A comprehensive on-site review is required to document a county board's compliance with federal and state statutes and rules. Reviews may also be conducted as part of investigations, follow-up reviews, or as the result of the initiation of new programs or services provided by the county board.

The department's review staff utilize a standardized survey instrument and process. Compliance decisions are based on findings from information gathered throughout the review process.

Twenty-seven counties were reviewed in 2009. The results of those surveys are as follows:

| Accreditation Term | Number of Counties |
|---------------------------|---------------------------|
| 1-Year | 2 |
| 2-Year | 2 |
| 3-Year | 4 |
| 4-Year | 7 |
| 5-Year | 8 |
| Decision Abeyance | 1 |
| Pending | 4 |

Findings

Following is the list of the 14 standards that are used in the accreditation survey process and the number of citations that resulted within each standard from the 27 county board accreditation reviews.

| STANDARD | NUMBER OF CITATIONS |
|--|----------------------------|
| MUI | 40 |
| Waiver Administration Activities (service planning, SSA functions) | 42 |
| Behavior Support | 42 |
| Personnel | 30 |
| Early Intervention | 15 |
| Transportation | 6 |
| Title XX | 12 |
| Medication Administration | 11 |
| Waiting List | 3 |
| Physical Environment | 6 |
| IIF | 2 |
| Supported Living Adult Services | 2 |
| Board Membership and Ethics Committee | 2 |
| Administrative Resolution of Complaints | 1 |
| | |
| TOTAL CITATIONS | 214 |