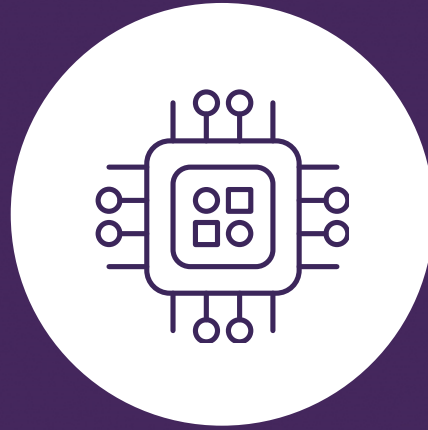# OPWDD STATE AND THE ARC NEW YORK COMPLIANCE AND QUALITY CONNECTIONS CONFERENCE 2025

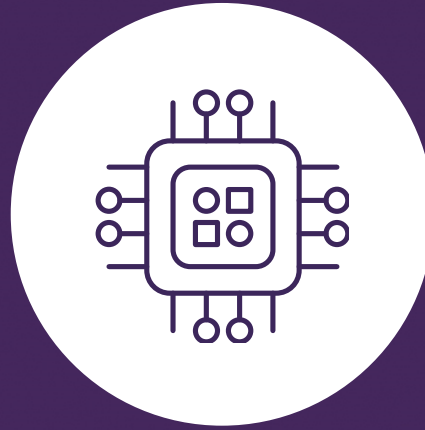APRIL 29, 2025
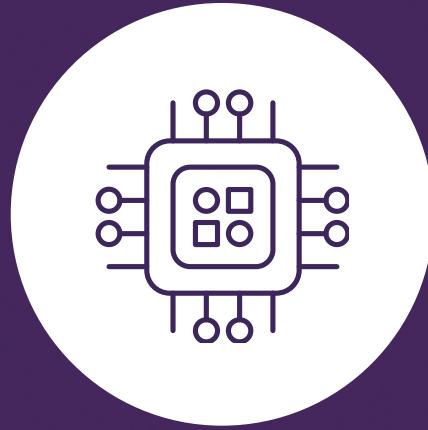
Opening Remarks

Willow Baer, Acting Commissioner

OPWDD Division of Quality Improvement Updates

Megan O'Connor-Hebert

Deputy Commissioner

Division of Quality Improvement (DQI)
Healthcare Survey Trends
Nursing and Quality Assurance in Healthcare Services

Mary Jane Vogel RN, BSN, DQI Deputy Director
Christopher Darcey, Regional Director, Bureau of Program Certification

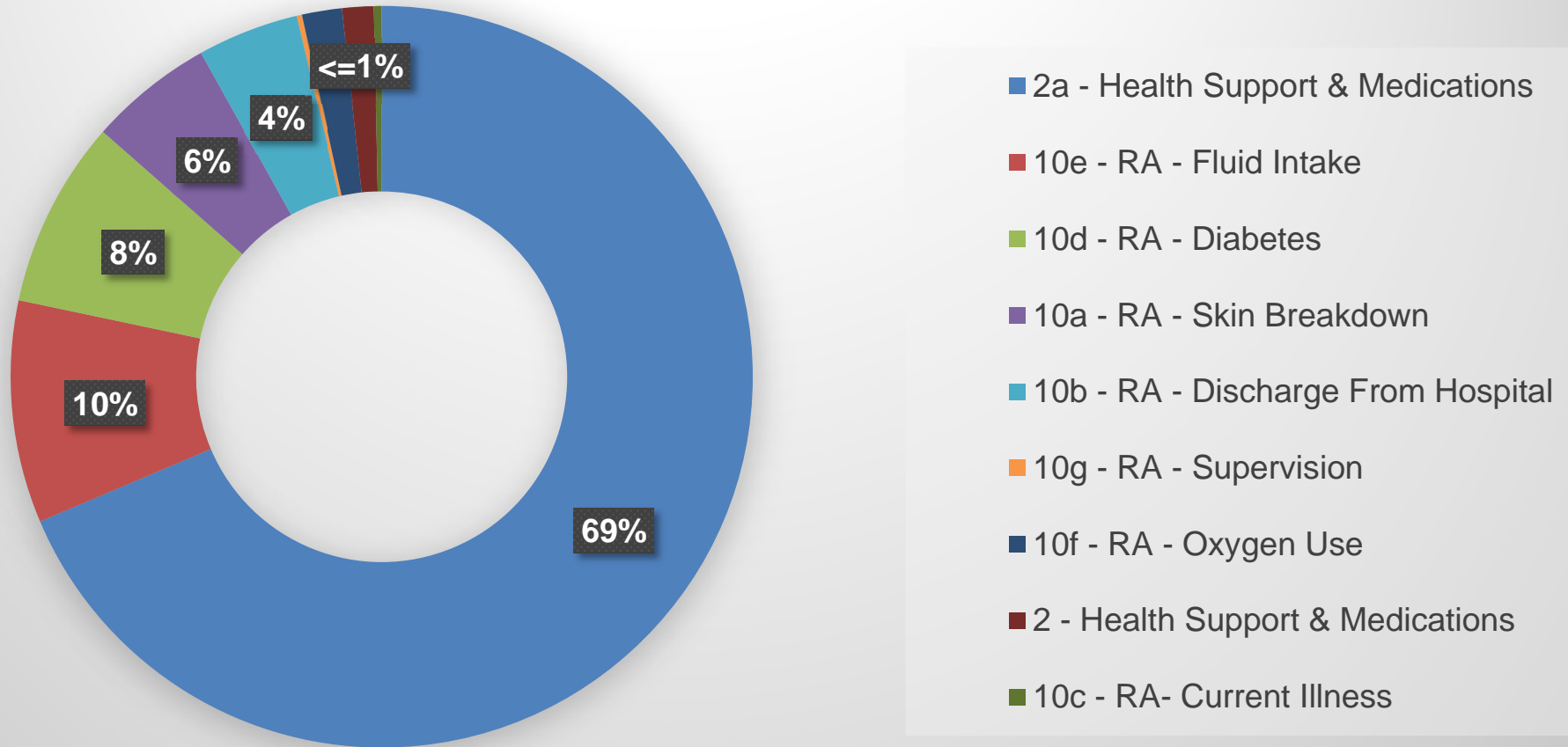"We are what we repeatedly do. Excellence then, is not an act, but a habit." -Aristotle

Quality Assurance and compliance strives for the best possible care through developing habitual excellence.

DQI Survey Activity

- OPWDD Division of Quality Improvement (DQI) analyzed data from 10/1/2022 to 3/10/2025.

- During this timeframe, OPWDD Bureau of Program Certification (BPC) completed 21,264 site-based protocols.

- Of those, 3,954 (19%) of those protocols resulted in a Statement of Deficiencies (SOD) and 1,527 protocols (39%) had a SOD for a healthcare standard.

- To evaluate healthcare standards, DQI evaluated standards in the following sections of the site protocol:
  - Section 2 – Health Supports and Medication
  - Section 2a – Health Supports and Medication
  - Section 10 – Risk Areas related to healthcare

SOD Distribution by Protocol Section (All Years)

Legend:
- 2a - Health Support & Medications
- 10e - RA - Fluid Intake
- 10d - RA - Diabetes
- 10a - RA - Skin Breakdown
- 10b - RA - Discharge From Hospital
- 10g - RA - Supervision
- 10f - RA - Oxygen Use
- 2 - Health Support & Medications
- 10c - RA- Current Illness

Chart values: 69%, 10%, 8%, 6%, 4%, <=1%
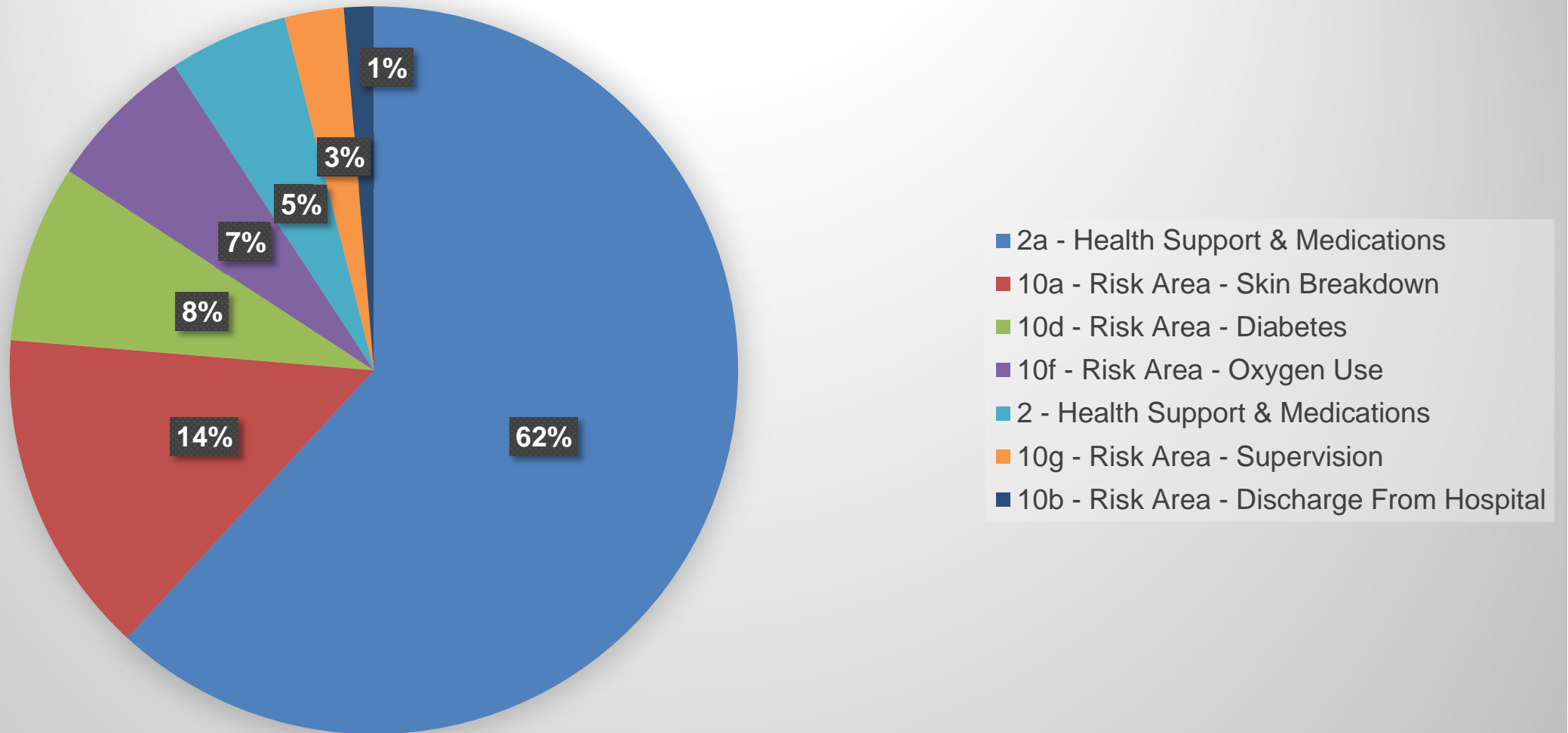
Top Reasons for Citation: Health Support & Medications

- No Registered Nurse onsite or immediately available.

- Medication and Treatments were incorrectly administered.

- Medication Administration Record (MAR) is not legible, does not correctly identify the current physician's orders prescription and/or include required document of administration.

- Site does not ensure people have access to professional health care services per their needs, physician's recommendation and informed choice.

- Site does not ensure in-home, routine support/care necessary for person's health needs is provided per their service plan.

Defining an RN's Immediate Availability

- MOU with NY State Education Department (NYSED) and ADM #2003-01: DSPs work within the Scope of Practice of an LPN

- NYSED defines LPN practice as: performing tasks and **under the direction** of an RN.

- NYSED defines "Under the direction of an RN" to mean the RN is, "present on the premises or immediately available by telephone…"

- While not specifically stated, OPWDD has established "immediately available by telephone" to mean **the RN must respond within 30 minutes of initial contact**. If need assistance sooner, 911 should be called.

Best Practices for Health Care Support & Medications

- Share the **WHY**! Ensure staff know why they are performing a delegated task.

- Policy and Procedures should include step by step directions and identify who is responsible to complete the task.
  - Use Pictures/images to illustrate a procedure.
  - Use screen shots of step-by-step process to document in electronic record.
  - Embed checks and balances into Policy and Procedures.
  - Have systems in place to track each person's appointments, check the consultant reports for new orders/recommendations and update medical records timely.

- Ensure there is sufficient staff coverage when follow up appointments are scheduled to avoid cancellations.
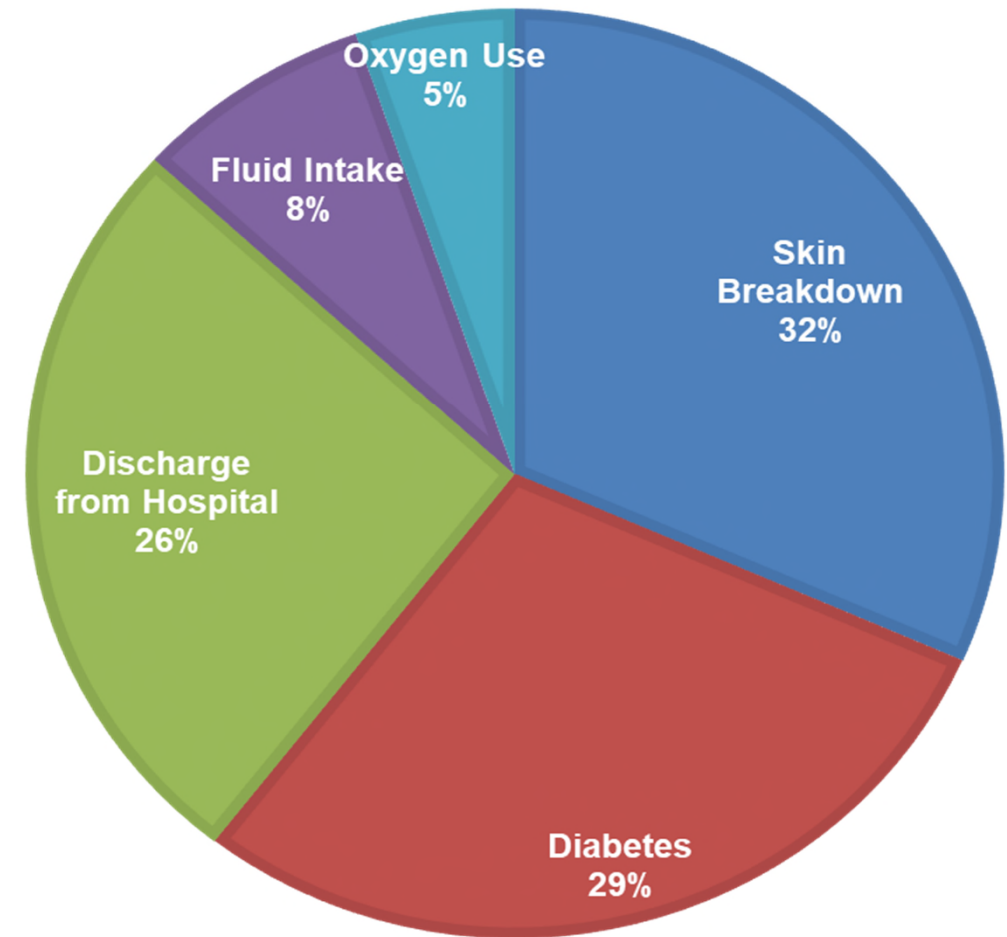
Best Practices for Health Care Support & Medications (Cont.)

- Quality Assurance and Audit Systems to improve quality, consistency, regulatory compliance and reliability of the agency operations.
  - Review the health care needs of all persons residing in a home to ensure you are meeting each person's needs.
  - Clinical staff should be involved in the corrective action plan process. The plan includes who is responsible for implementation.
  - Frequent unannounced visits and observations with feedback and training to staff/management.
  - Ensure medication orders are complete and include all instructions, and accompanying logs/trackers clearly document the data being collected with dates and times.
  - PONS are personalized and document parameters of when to call the nurse.
  - Review and revise training when it is not effective.

Adverse Actions Related to Healthcare Protocol Standard Findings: 10/1/22 to 3/10/2025

- Since 10/1/2022, there have been 107 Adverse Actions in non-ICF site-based certified programs. Of those, 67 Adverse Actions related to healthcare standards.

- There were 28 Adverse Actions that were issued for deficiencies in both Protocol Sections 2/2a - Health Supports and Medication AND 10 Risk Areas related to healthcare.

- There were 32 Adverse Actions in Protocol Sections 2 and 2a - Health Supports and Medication.

- There were seven Adverse Actions in Protocol Section 10 Risk Areas related to healthcare.

HEALTH RELATED RISK AREAS SITED IN ADVERSE ACTIONS

Pie chart:
- Skin Breakdown 32%
- Diabetes 29%
- Discharge from Hospital 26%
- Fluid Intake 8%
- Oxygen Use 5%

Top Reasons for Citations: Health Risk Areas

Skin Breakdown
- No written plans to care for and prevent skin breakdown.
- No nursing assessment that describes the skin/wound breakdown, ongoing monitoring, and documentation of changes.

Fluid Intake
- There is no evidence the fluid consumption plan is implemented, corrected and monitored for effectiveness.
- There is no tracking of the persons fluid consumption as specified in the plan.
- There is no clear written instructions provided to further guide the staff on how to implement the fluid intake requirement.
- The amount of fluid to be consumed is not clearly indicated in the written plan.

Diabetes
- There is no evidence that the staff implemented required diabetic care and monitoring.

Health Risk Areas- Preventing Citation

Skin Breakdown
- Have systems in place to identify those at higher risk for wound development, to reduce the likelihood of the development of skin breakdown and reinforce planned interventions.
- Ensure Registered Nurses prioritize the assessment of all new wounds and regular assessment of existing wounds and ensure thorough assessment documentation.

Fluid Intake
- Have systems in place to thoroughly communicate the implementation of fluid consumption plans and that they're monitored for effectiveness and the need for changes are implemented early.
- Ensure the tracking of the person's fluid consumption as specified in the plan is consistent and thorough, and that staff have been trained and understand the plan.
- Ensure all aspects of the plan, including the amount of fluid to be consumed, are clearly indicated in the written plan. Again, be sure staff understand the plan and what each aspect means for the person.

Diabetes
- Ensure required care is implemented and monitored, and staff are trained on proper implementation.

# What would you do if this happened at your agency?

Immediate Jeopardy was called during a full visit at a supervised 1-8 bed IRA with a certified capacity of 8. The immediate risk to health and safety was due to lack of nursing assessment, monitoring, and oversight to 4 individuals who have a history of skin breakdown.

Record review revealed that individual A was hospitalized and subsequently admitted to a rehab center since October 2024 after being diagnosed with gangrene to a skin breakdown to his/her heel. Further review identified that the facility failed to develop a PONS, provide a nursing assessments of the wound, or train staff on A's wound care needs prior to A's hospitalization.

Although there are no current skin breakdowns, as individual A has not returned home as of the survey date, there are 3 other individuals who have a history of skin breakdowns and are at risk of further breakdown. As of the start of the survey, there was no evidence that the facility developed a PONs for these individuals, conducted an assessment to determine their risk potential, or developed a skin integrity protocol as a preventative measure.   Additionally, although all three individuals are on a turning and positioning protocol, review of the data revealed that it is not being implemented as written as these individuals are positioned on the same area for up to 6 hours.

Quality Assurance (QA) Role

- Close teamwork/standing meetings with Quality Assurance, Nursing and Program Management and program meetings with frontline staff /clinicians.

- Joint QA visits/observations and record reviews

- Roles & Responsibilities must be clearly identified

- Training, shadowing and feedback to Staff and Program Leadership

- Ongoing reviews, identification of best practices/ high performers, replicating across programs

- Develop Quality Measures and Metrics to identify key areas for care improvement to prevent avoidable hospitalizations
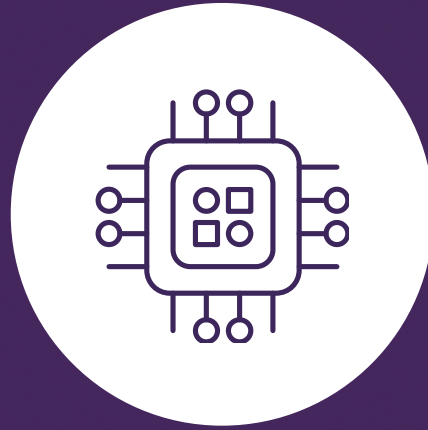
George Shaw, RN BSN

Director of Nursing

Statewide Services

Hospital Discharge – Key Areas of Focus

Prepare for Discharge:

- Have systems in place to flag all hospital admissions to:

    - Track the person's progress and changes during hospitalization

    - Recognize Post-Discharge Health Concerns

    - Prepare for the person to come home, including:
        - Educating staff on changes to the person's needs upon return
        - Training staff on new skills needed to provide care

Hospital Discharge – Staff Roles & Responsibilities

Train staff on policies and procedures to:

- Ensure effective communications across the care delivery spectrum

- Ensure all staff understand and are proficient in their roles and responsibilities:

  - **Care Managers:** Communicate with CM before discharge
  - **Registered Nurses:** Prepare for returning home
  - **Direct Support Professionals:** Know the people you support.

Plan of Nursing Services Recap

A Plan of Nursing Services (PONS) is an individualized plan developed by a Registered Nurse (RN), and outlines the nursing services needed, including delegated tasks, and appropriate supervision levels.

- Purpose
- Essential Tasks to Document in a PONS
- Key Points

Plan of Nursing Services Recap – Questions and Responses

- We have prepared a handout to address frequently asked questions about the PONS.

- If you do not have the handout, please send any questions about the PONS, or any other nursing questions to:

Nursingandhealthservices@opwdd.ny.gov

In Closing...

- Know the people who have complex medical needs or who are at risk.

- Identify patterns/trends with data collection that drive Continuous Quality Improvement.

- Be proactive. Prevention is key.

- Be cognizant that as a person ages their needs will change.

- Involve clinical staff with Plans of Corrective Actions.

- Have open lines of communication from front line staff to executive leadership.

- Change the culture where everyone plays a role in Continuous Quality Improvement .

Health Alerts, Administrative Directive Memorandums and other Tools

- [Safety Alerts | Office for People With Developmental Disabilities](#)

- [Prevention Resources | Office for People With Developmental Disabilities](#)

- [Regulations & Guidance | Office for People With Developmental Disabilities](#)

- [Prepare for Your Survey | Office for People With Developmental Disabilities](#)

- [Training Resources | Justice Center for the Protection of People With Special Needs](#)

- [capsi-resource-repository-august-2024.pdf](#)

Questions?

Contact: nursingandhealthservices@opwdd.ny.gov