

Tender Touch Compliance & Ethics Program Facility Quarterly Risk Assessment/Audit



General Instructions

1. Must be submitted on or before the following dates:
 - 1st Quarter – January 15
 - 2nd Quarter – April 15
 - 3rd Quarter – July 15
 - 4th Quarter – October 15
2. Must be typed on the Facility Quarterly Risk Assessment/Audit form (revised December 2013). Please find the form in Common Share, Common to All, Forms for Facilities, Compliance Audit Forms).
3. Must be reviewed by the Regional Manager before submission to the assigned compliance committee member.
4. Must be on time, designated sections completed fully and comprehensively. If a section is not applicable, please state N/A.
5. There are 3 mandatory sections as well as 1 other risk area to be completed with an emphasis on completing as many sections necessary to demonstrate compliance for your department.
6. If something has a target date after submission of form, this must be reflected on the next quarter's form until completed or resolved. Problem areas should be monitored for at least 2 quarters to ensure resolution of issue.
7. All forms should reflect follow up and corrective actions implemented.
8. This is an ongoing process and should be monitored throughout the quarter.
9. Please involve all staff to encourage a culture of compliance.
10. Any questions may be directed to your compliance committee representative or to the Compliance Officer and/or Regional Compliance Directors.

Completion of Form:

1. **Name:** Please include the name of the person(s) completing the form.
2. **Facility:** Please include the full name of the facility (no abbreviations).
3. **Month:** Include month the form is completed.
4. **Year:** Include year.
5. **Follow up from previous Quarter** – Mandatory section which reflects issues from last quarter and your mitigation activities. Discuss whether the issue is resolved or will continue to be monitored.

Risk Areas: Identify/Characterize:

Include risk areas to be monitored. There are 3 mandatory sections (3 Chart Reviews, Incident/Accidents and Satisfaction Survey). You should also include at least one other risk area identified by your staff, facility staff, Regional Manager or a compliance audit.

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Risk Area: (Mandatory) 3 Chart Reviews

Risk level: Determine if risk is high, medium or low risk.

High Risk	Regulatory, legal impact Heightened scrutiny needed
Medium Risk	Business, financial impact Reputational harm
Low Risk	Oversight may be needed No further action required

Method Type: Chart Audit/Review

Critical Components of Review:

- Review medical necessity
- Need for skilled intervention
- Need for continued skilled intervention
- Rehab contribution to plan of care was implemented
- Goals addressed, updated, met
- TENS summary, definition of LCD met
- Functional outcomes
- Technical correctness (all notes completed timely and comprehensively), documentation due dates, e-signatures and co-signatures
- Clinical content appropriate
- Ensure doctors' orders are present
- Frequency and duration met
- Ensure notes are not duplicative between disciplines
- Ensure notes reflect that co-treats are addressing different goals

Results/Problems Identified

Upon completion of your chart reviews, document areas that were noted to be an issue and modify/change risk level to high if there is a significant issue identified in documentation/regulatory compliance.

Action Plan/Mitigation Activities

- Explain steps to be taken to resolve documentation and/or compliance issues.
- Identify who the responsibility party is who will implement the action plan and resolve the issue.
- Identify who will be monitoring this issue for the next 2 quarters.

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Target Date

Identify the date you expect to resolve issue.

Risk Area (Mandatory) Incidents and Accidents

Risk Level – Identify whether the risk of accident is high, medium or low

Method Type – Please identify the number of Incidents and Accidents – include falls, controlled lower to ground, skin tears, bumps, bruises or abuse allegations within the Rehab Department. Did you investigate/interview, etc.

Results/Problem Identified

Was a root cause analysis done of patient Incident/Accident? Is there trending? Did harm come to patient?

Action Plan / Mitigation Activity

What was/is being done to decrease number of incidents and accidents (environmental, footwear, training interventions)? Was abuse allegation brought to Compliance Department's attention?

Target Date

When is the Action Plan being implemented?

Risk Area / Mandatory Satisfaction Survey

Risk Area – Is the risk high, medium or low?

Method – Was this done by forms, interview, etc.?

Critical Components of Review

Type – Did you do patient facility or rehab staff member survey? Did you use the Tender Touch form or a facility form?

Number of Audits – How many satisfaction surveys were reviewed of each type:

Names: Anonymous
Resident Names
Facility Staff Names
Rehab Staff Names

Were all areas on the form completed.

Tender Touch Compliance & Ethics Program

Facility Quarterly Risk Assessment/Audit



Results, Problems Identified

Were any areas of concern identified on survey that directly relate to the Rehab Department? Did you score the form? Is there an average score provided? Did you do a root cause analysis on why problem exists?

Action Plan – Mitigation Activity

What needs to be implemented to correct the area of deficiency? What needs to be done to encourage continued high performance for those areas where rehab performed well? Who will be implementing this plan and how?

Target Date

When will this action plan be implemented and resolved?

Other Risk Areas that may be addressed

- State survey deficiency areas
- PEPPER Report results
- Environmental issues (i.e. calibration of equipment)
- Tender Touch Policy Compliance (i.e. dress code)
- OSHA Compliance
- Facility complaint
- Resident/family complaint
- Optima Operations
- Optima Report Results (Billing, MDS, LOS, Utilization)
- Clinical Areas (screens, splints, prosthesis, adaptive devices, wheelchairs, pain, wounds, restraints, dehydration, weight loss, equipment)

Training

Number of trainings offered – How many employees received annual training? How many new hires received new hire training? How many employees received training in areas for disciplinary reasons or for clinical training? How many in-service presentations were given at your facility?

Date – Include date training offered.

Competency Offered

Number of employees who completed competencies.

Date – Include date of competency.

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Number of Rehospitalizations this Quarter

Include number of residents.

Risk Ranking for next Quarter

This section is very important and will identify which areas you will be working on and monitoring through the quarter. Place them in order of priority from higher to lower goals/risk.

Comments

Include any valuable information needed to describe your compliance efforts and/or challenges for the quarter.

Signatures

Manager Signature – DOR to sign/date Compliance Committee Member Reviewed. Please indicate a YES or NO. If not reviewed by the Compliance Committee Member, please send a copy prior to submission to the Compliance Department.

Please make sure you keep a copy of the form in your Compliance binder or electronically for review if needed/indicated.