

**LICENSING  
COMPLIANCE  
PREDICTION  
INSTRUMENT**



**LCPI**

**For use in the licensing of  
Community Residential Rehabilitation Services**

**DEPARTMENT OF PUBLIC WELFARE  
OFFICE OF MENTAL HEALTH AND  
SUBSTANCE ABUSE SERVICES**

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SUBSTANCE ABUSE SERVICES  
LICENSING COMPLIANCE PREDICTION INSTRUMENT  
Community Residential Rehabilitation Services**

**INTRODUCTION:**

The purpose of this document is to establish the protocol for the use of the Licensing Compliance prediction Instrument (LCPI) when conducting on-site inspections of licensed Community Residential Rehabilitation Services (CRRS) facilities.

The LCPI is intended to complement, not replace, the existing licensing inspection process for CRRS facilities. The LCPI is not to be used as a substitute for full annual inspections. As such, facilities must continue to comply with all licensing regulations at all times. The purpose of the LCPI is to increase the efficiency and effectiveness of the current licensing process by refocusing the emphasis from an annual, comprehensive review of compliance with all regulations to, when warranted, a more specialized assessment of facility compliance with Department of Public Welfare regulations.

Through use of the LCPI, less time will be spent conducting on-site inspections of CRRS facilities with a history of high compliance with the State licensing regulations (cf., PA Code Title 55, Chapter 5310), freeing up Inspector time to concentrate on the following:

- a) providing technical assistance to help facilities comply with and exceed licensing regulations.
- b) conducting additional inspections of facilities with low and moderate compliance with licensing regulations

The LCPI is not intended to reduce overall licensing staff workload, but rather to assist in refocusing licensing priorities.

**BACKGROUND:**

Licensing indicator systems have been used extensively throughout the country with proven success. Within the Commonwealth of Pennsylvania, the Department of Public Welfare's separate Offices

of Mental Retardation, Social Programs and Children, Youth & Families have all used and/or are implementing licensing indicator systems.

The indicator system was developed based on a statistical methodology developed for this specific purpose by the Department of Public Welfare (DPW) back in 1977. For the purpose of CRRS, a statistical sampling of 97 Adult and 38 Children & Youth CRRS surveys were compiled during the calendar year 1996 from the Office of mental Health and Substance Abuse Services's four Area Offices. The individual regulatory items addressed on the 135 significant areas of facility partial compliance and non-compliance were then used to form the foundation of the LCPI instruments of OMHSAS' experienced licensing Inspectors. In addition, 5 random items are to be selected by the Inspector to apply to a licensing inspection of a CRRS facility.

The LCPI measure CRRS facility compliance with a small number of regulations, yet serves to predict high compliance with all Chapter 5310 regulations. That is to say, *if a facility is in complete compliance with all of the regulation measured on the LCPI, we can statistically predict high facility compliance with all of the regulations.*

The Adult CRRS LCPI contains 27 identified regulatory item and 5 additional spaces for random items. This is in contrast with the comprehensive Adult CRRS instrument, which totals 102 items. The Children & Youth CRRS LCPI contains 33 regulatory items and 5 additional spaces for random items, in contrast with the comprehensive survey tool, which totals 128 items.

### **IMPLEMENTATION:**

#### ▪ WHEN TO USE THE LCPI

The LCPI shall be used by an OMHSAS Inspector for an annual license inspection for CRRS facilities if, and only if, all of the following criteria are met:

- 1) The facility has had a regular license for the previous two years.

- 2) All previous regulatory violations (i.e., areas cited as being in non-compliance) have been corrected in accordance with the facility's *Statement of Deficiencies and Plan of Correction*.
- 3) A full inspection using the comprehensive survey form is done at least every third year.
- 4) The total facility capacity has not increased by more than 33% during the past year.
- 5) The facility's direct care program staff has not changed by 33% or more in the past 12 months.
- 6) The facility director (i.e., Chief Executive Officer, Executive Director and/or CRRS Director) has not changed in the past 6 months.
- 7) There have been no "founded" complaints, resulting in significant regulatory violations against the facility in the past 12 months.
- 8) There have been no more than 3 violations (i.e., areas of non-compliance) cited in each inspection of the facility over the past 24 months.
- 9) There have been no repeated violations (i.e., areas of non-compliance) cited in inspections of the facility over the past 24 months.
- 10) There have been no negative sanctions taken against the legal entity in the past 24 months.
- 11) The legal entity has not expanded its services by more than 100% in the past 24 months.

The LCPI may be used by an OMHSAS licensing Inspector, at Inspector discretion, for inspection of CRRS facilities in the following situations:

- 1) Follow-up or interim licensing inspections, conducted between annual inspection
- 2) Complain investigations

- HOW TO USE THE LCPI

Compliance with regulatory items may be measured through three specific, yet interconnected methods. The “Site” portion is the direct observation of a facility’s physical site and consumer-staff interactions during an on-site inspection. “Records” involves the inspection of written information, including consumer case records. The “Interview” method is asking the staff and individuals served questions to determine compliance. All three methods should be used during an LCPI inspection.

- I. NOTIFICATION

The Area OMHSAS licensing Inspector may notify a facility in advance if an LCPI will be utilized during the CRRS inspection.

- II. RECORDING:

All recording of information can be done on the LCPI.

- 1) Enter the relevant information on the instrument’s Program Information sheet (i.e., the survey tool’s cover page) as normal, additionally citing whether the tool used for the last on-site inspection was the *Total* form or the *Indicator Instrument*.
- 2) Enter the relevant information on the instrument’s *MULTIPLE SITES* form.
- 3) If the facility is compliant with a regulatory item, put a check mark or X under the “C” Compliance column. You may enter any item-specific comments in the space provided.
- 4) If the facility is in non-compliance with a regulatory item, put a check mark or X under the “N” Non-compliance column. You must enter any item-specific comments in the space provided.
- 5) If the facility is in partial compliance with a regulatory item, put a check mark or X under the “P” Partial Compliance column. You must enter any item-specific comments in the space provided.

- 6) If the regulatory item is not applicable to the facility, put a check mark or X under the "I" Inapplicable column. You may enter any item-specific comments in the space provided.
- 7) Select 5 additional regulatory items using the random-selection criteria listed below. Enter each regulatory citation in the noted area, putting a check mark or X under the appropriate column ("C", "N", "P", or "I") and enter a comment if desired or required.
- 8) Complete the *PROGRAM SURVEY SUMMARY* form, entering relevant comments for the: *COOMENDATIONS/COMMENTS*, *SUGGESTIONS* and *RECOMMENDATIONS* areas, as appropriate.

### III. SELECTION OF RANDOM ITEMS

- 1) Select, at random, any item on Page 1 of the comprehensive CRRS survey instrument. This item will be used to begin your count. It will not be used as one of the randomly selected items.
- 2) Using the item selected on page 1 as your starting point, count and select every twentieth item, until you have selected 5 items.
- 3) If you select an item that is already included in the LCPI, select the next measurable item on the instrument.

### IV. NON-COMPLIANCE OF INDICATOR ITEM(S)

- 1) If non-compliance with one regulatory indicator item is cited, all other items in that component are must be applies, using the comprehensive inspection tool (e.g., if item 5310.39 (a) is randomly selected and found to be non-compliant, then items 5310.39 (b) and 5310 (c) would also need to be addressed). If, while applying the other items in that component area (e.g., 5310.39. Service Linkages) a second area of non-compliance is cited, the Inspector must discontinue use of the LCPI and revert to use of the comprehensive CRRS survey tool.
- 2) If non-compliance with more than one regulatory

indicator item is cited (e.g., 5310.36 and then 5310.42 (a)) the inspector must discontinue use of the LCPI and revert to use of the comprehensive CRRS survey tool.

#### V. SCHEDULING

Since OMHSAS Inspectors will not know ahead of time if an indicator-oriented inspection will be sufficient, or if a more comprehensive survey will be required, Inspectors should continue to schedule on-site time for full licensing inspections. If an indicator inspection proves sufficient, the time saved can be reallocated to such areas as: providing technical assistance and/or follow-up on plans of correction with the facility, completing licensing paperwork or performing compliant inspections and/or additional interim inspections.

**CHAPTER 5310 COMMUNITY RESIDENTIAL REHABILITATION SERVICES (On-Site Survey Report)**

**Adult Services: \_\_\_\_\_ Full Care or \_\_\_\_\_ Partial Care**

***INDICATOR INSTRUMENT***

Certificate #: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Program Name: \_\_\_\_\_

Survey Tool Used for Last Survey:

Total \_\_\_\_\_ Indicator Instrument \_\_\_\_\_

Program Address: \_\_\_\_\_

Surveyor \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Survey: \_\_\_\_\_

Director: \_\_\_\_\_

Survey Recommendation:

Full \_\_\_\_\_ Provisional \_\_\_\_\_ License \_\_\_\_\_

Legal Entity: \_\_\_\_\_

Recommended Expiration Date: \_\_\_\_\_

CAU: \_\_\_\_\_

(If program operates at multiple sites, list locations on Multiple Sites form.)

**GENERAL INFORMATION:**

Type of Control: Public \_\_\_\_\_ Private \_\_\_\_\_  
Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_

Current Approved Capacity: \_\_\_\_\_ (Full Care \_\_\_\_\_ Partial Care \_\_\_\_\_)

Current Average Daily Census: \_\_\_\_\_ (Full Care \_\_\_\_\_ Partial Care \_\_\_\_\_)

**REGULATORY BASE:**

Title 55 - Chapter 5310. Community Residential  
Rehabilitation Services  
Title 55 - Chapter 20. Licensure or Approval of  
Facilities and Agencies  
Title 55 - Chapter 5100. Mental Health Procedures  
1153. Medical Assistance Manual  
Articles IX and X of the Public Welfare Code

**SURVEY KEY:**

C – Compliance  
N – Noncompliance  
P – Partial Compliance  
I - Inapplicable

\_\_\_\_\_  
APPROVED BY:

\_\_\_\_\_  
DATE:



COMMUNITY RESIDENTIAL REHABILITATION SURVEY – ADULT

		C	N	P	I	COMMENT
5310.33	RESIDENTIAL SERVICE PLAN (a) Upon enrollment, do clients have a written individualized residential service plan?:					
	(b) Is the plan based on the psychosocial evaluation (a functional assessment of client strengths/needs)?					
	(c) Does the plan include: short and long-term goals formulated by client and staff, behaviors to be modified/skills to be developed, type/frequency of rehabilitation provided, techniques/methods used, and persons involved in the plan?					
	(d) Is client adjustment evaluated within 30 days of intake, with the plan modified then and every 60 days thereafter?					
	(e) Do clients spend major portions of time out of the residence?					
	(f) Do clients participate in decisions related to the plan?					
	(g) Are plans and revisions included in client records?					
	(h) Does each client have an assigned responsible staff?					
	(i) Is an annual reassessment of client's strengths and needs documented?					

COMMUNITY RESIDENTIAL REHABILITATION SURVEY – ADULT

		C	N	P	I	COMMENT
5310.36	<p><b>SERVICES MANAGEMENT</b>                      Are there internal program monitoring procedures to assess: quality and timeliness of the residential service plan process, adequacy of program activities to meet outcomes, and coordination of CRRS/comprehensive client needs?</p>					
5310.41	<p><b>STAFFING AND TRAINING</b>                      (a) Are staff sufficient in number and qualifications to carry out CRRS program functions?</p>					
	<p>(b) Does the Full-Care CRRS have staff on-site in a regular staffing pattern including evenings and weekends?</p>					
	<p>(c) Does the Partial-Care CRRS have staff on-site in a regular staffing pattern including evenings and weekends?</p>					
	<p>(d) Does staff have experience or training relevant to tasks?</p>					
	<p>(e) Are clerical and other non-program staff employed?</p>					
	<p>(f) Does an MHP supervise the client service plan process and sign plans?</p>					

COMMUNITY RESIDENTIAL REHABILITATION SURVEY – ADULT

		C	N	P	I	COMMENT
5310.72	<b>SAFETY PROCEDURES</b>					
	(a) Are sites inspected/approved every 2 yrs. for fire safety?					
	(b) Are emergency numbers posted by the telephone at each site?					
	(c) Are on-site staff instructed in operating fire extinguishers?					
	(d) Are fire drills at each site: held every 2 months, at night semi-annually, and recorded for details involved?					
	(e) Are safeguards taken against the fire hazards of smoking?					
	(f) Are fireplaces screened in use?					
	(g) Are sites free of hazards?					
	(h) Is there an emergency/disaster plan that is reviewed annually?					
(i) Do sites of at least 4 clients have evacuation plans/diagrams?						

COMMUNITY RESIDENTIAL REHABILITATION SURVEY – ADULT

		C	N	P	I	COMMENT
5310.81	MEDICATION (a) Is self-medication a client goal?					
	(b) Are there written policies on administration restrictions re: how the goal is to be achieved, assistance, storing of medication (self-administered medication only, which is kept in locked room/container in original containers), and the medication training of staff?					

COMMUNITY RESIDENTIAL REHABILITATION SURVEY – ADULT

	C	N	P	I	COMMENT
<b>SURVEYOR: SELECT 5 ADDITIONAL REGULATORY ITEMS TO BE ADDRESSED</b>					
5310.____					
5310.____					
5310.____					
5310.____					
5310.____					

PROGRAM SURVEY SUMMARY

COMMENDATIONS/COMMENTS:

SUGGESTIONS:

RECOMMENDATIONS FOR LICENSURE/APPROVAL:

**CHAPTER 5310 COMMUNITY RESIDENTIAL REHABILITATION SERVICES (On-Site Survey Report)**  
**Children & Youth Services: \_\_\_\_\_ Host Home or \_\_\_\_\_ Group Home**

***INDICATOR INSTRUMENT***

Certificate #: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Program Name: \_\_\_\_\_

Survey Tool Used for Last Survey:

Total \_\_\_\_\_ Indicator Instrument \_\_\_\_\_

Program Address: \_\_\_\_\_

Surveyor \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Survey: \_\_\_\_\_

Director: \_\_\_\_\_

Survey Recommendation:

Full \_\_\_\_\_ Provisional \_\_\_\_\_ License \_\_\_\_\_

Legal Entity: \_\_\_\_\_

Recommended Expiration Date: \_\_\_\_\_

CAU: \_\_\_\_\_

(If program operates at multiple sites, list locations on Multiple Sites form.)

**GENERAL INFORMATION:**

Type of Control: Public \_\_\_\_\_ Private \_\_\_\_\_  
Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_

Current Approved Capacity: \_\_\_\_\_ (Group Home \_\_\_\_\_ Host Home \_\_\_\_\_)

Current Average Daily Census: \_\_\_\_\_ (Group Home \_\_\_\_\_ Host Home \_\_\_\_\_)

**REGULATORY BASE:**

Title 55 - Chapter 5310. Community Residential  
Rehabilitation Services  
Title 55 - Chapter 20. Licensure or Approval of  
Facilities and Agencies  
Title 55 - Chapter 5100. Mental Health Procedures  
1153. Medical Assistance Manual  
Articles IX and X of the Public Welfare Code

**SURVEY KEY:**

C – Compliance  
N – Noncompliance  
P – Partial Compliance  
I - Inapplicable

\_\_\_\_\_  
APPROVED BY:

\_\_\_\_\_  
DATE:



COMMUNITY RESIDENTIAL REHABILITATION SURVEY – CHILDREN

		C	N	P	I	COMMENT
5310.123	<b>RESIDENTIAL SERVICE PLAN</b> (a) Upon enrollment, is individualized service plan developed by staff with parent or agency and child 14 years and older (children under 14 may be included)?					
	(b) Is the plan based on an evaluation of the child's social/emotional development, relative to age-appropriate expectations for functioning?					
	(c) Does the plan specify short and long-term goals?					
	(d) Do parent/agency and child participate in the service planning process?					
	(e) Is a primary staff assigned to coordinate service planning?					

COMMUNITY RESIDENTIAL REHABILITATION SURVEY – CHILDREN

		C	N	P	I	COMMENT
5310.125	HEALTH CARE SERVICES (a) Are policies developed to insure availability of age-appropriate health services, and is a comprehensive health appraisal (signed by a Dr.) obtained upon intake (if not already completed within 6 months prior to placement)?					
	(b) Is there parent/agency participation in health care/transportation?					
5310.131	STAFFING - Is an adult on-site whenever a child is present?					
<b>FOR CRRS HOST HOMES ONLY: 5310.131 1) - 11)</b>						
	Are the following in place:?					
	1) Applications on file for surrogate parent approval					
	2) Study-evaluation process of surrogate applicant suitability					
	3) Interviews with applicant and children, and a visit to home					
	4) Applicant reference					
	5) Age, health, income, safe dwelling and family composition applicant info.					
	6) Assessment of surrogate parent capabilities					

COMMUNITY RESIDENTIAL REHABILITATION SURVEY – CHILDREN

	C	N	P	I	COMMENT
7) Written confirmation of conference to approve or disapprove applicant					
8) Written CRRS information provided to surrogate parents					
9) Information to assist the surrogate parent in making a decision regarding accepting a specific child					
10) Signed agreement that info. on children/families will remain confidential					
11) Surrogate parents are under the direct supervision of a MHP					

COMMUNITY RESIDENTIAL REHABILITATION SURVEY – CHILDREN

		C	N	P	I	COMMENT
5310.161	PHYSICAL FACILITY – GROUP HOMES 1) Is separate space provided for the care of ill children?					
	2) Is electrical equip. in good repair with protective devices?					
<b>FOR CRRS HOST HOMES ONLY: 5310.162 2) - 6)</b>						
5310.162	PHYSICAL FACILITY – HOST HOMES 2) Have surrogate parent dwellings been evaluated for safety?					
	3) Is the child’s age considered in determining home safety?					
	4) Is all electrical equipment in good repair, and as required, have protective safety devices?					
	5) Does each home have a telephone, with CRRS, parent ang agency having the number?					
	6) Has the CRRS supplied fire extinguishers and smoke detectors to host homes?					

COMMUNITY RESIDENTIAL REHABILITATION SURVEY – CHILDREN

		C	N	P	I	COMMENT
5310.171	MEDICATION (a) Are there written policies to meet restrictions on medication administration including?:					
	1) Staff and parents administering					
	2) Written physician instructions					
	3) Written parent/agency consent					
	4) Medication kept in original prescription containers					
	5) Medication stored in locked container					
	6) Permanent medication log					
7) Monthly drug plan review by prescribing physician						

COMMUNITY RESIDENTIAL REHABILITATION SURVEY – CHILDREN

	C	N	P	I	COMMENT
<b>SURVEYOR: SELECT 5 ADDITIONAL REGULATORY ITEMS TO BE ADDRESSED</b>					
5310.____					
5310.____					
5310.____					
5310.____					
5310.____					

PROGRAM SURVEY SUMMARY

COMMENDATIONS/COMMENTS:

SUGGESTIONS:

RECOMMENDATIONS FOR LICENSURE/APPROVAL: