

# The 7 MOST Common Service Plan Deficiencies and HOW to avoid them

In the last few years I've had the opportunity to complete literally thousands of service plans for hundreds of facilities across the valley. During this time, I made a great realization; the highest priority for my clients is to stay in compliance and avoid service plan deficiencies. However, service plan deficiencies are still among the top 10 deficiencies given by the Arizona Department of Health Services (AZDHS) today.

For this reason, I decided to write this article. Whether you are my client or not, I want to help you avoid deficiencies and stay in compliance with your service plans by giving you a guide. The list below was compiled after speaking with multiple AZDHS surveyors and by utilizing firsthand experience I obtained while completing thousands of service plans throughout the years. I really hope you will find this article helpful! If so, please share it with others who might also benefit from it! Now let's dive in.

## Deficiency #1: Mistaking the level of care for the resident



Mistaking the level of care of a resident can cost you a deficiency.

Unfortunately, some of you already know that first hand. I will be the first to admit that it is sometimes confusing to determine the level of care of a resident. Residents can often be admitted to a group home or facility with a vast array of physical challenges and health conditions. This can make it very difficult to categorize their level of care.

So, when is a resident considered Directed, Personal, or Supervisory care? Well, I'm glad you asked! First, I will give you the state's word-for-word definitions and then I will translate their fancy spiels to plain-old English.

**Note: The definitions here apply to both assisted living homes (10 or fewer beds), and assisted living centers (10 or more beds).**

## AZDHS Definitions

**Directed care services:** Programs and services, including personal care services, provided to persons who are incapable of recognizing danger, summoning assistance, expressing need or making basic care decisions.

**Personal care services:** Assistance with activities of daily living that can be performed by persons w/o professional skills or professional training and includes coordination or provision of intermittent nursing services and the administration of medications and treatments by a licensed nurse.

**Supervisory care services:** General supervision, including daily awareness of resident functioning and continuing needs, the ability to intervene in a crisis and assistance in the self-administration of prescribed medications.

## Simplified Practical Definitions

**Directed care services:** Resident is unable to recognize danger and ask for assistance in case of an emergency.

**Personal Care:** Resident can recognize danger and call for assistance if needed. Resident may need assistance with some or all ADLs and does not store or administer his own medication.

**Supervisory Care:** Residents can store and administer their own medications. Generally, they are independent with most activities of daily living.

↳ The easiest way to differentiate this one is that they can STORE, MANAGE, and ADMINISTER their own medications.

AZDHS Definitions (Source: <https://hsapps.azdhs.gov/ls/sod/alprovtypes.aspx>)

**Important note:** These levels of care have nothing to do with the resident's physical abilities but rather with the status of their mental abilities. As an example, a resident with dementia may be a "Walkie-Talkie" and independent for most ADLs, but if their cognition is compromised to the point of not being able to recognize danger (IE: fires, sharp objects, etc.) and ask for assistance when needed, then they would be considered directed care and NOT personal care.

## Deficiency #2: Missing Signatures on Service Plans



I know... this one is a no-brainer. I am telling you though, it is astonishing how many times GHOs get cited for not having their service plans signed by all the involved parties! I mean, you complete the service plan, you pay your nurse, and then you get a deficiency because you didn't have everybody sign the document!?

Well, the good news is that this has a simple fix! Take a moment and ensure that all your service plans are signed by yourself (manager), the nurse who completed them, and the resident or resident representative (depending on who is the POA).

I said it has a simple fix, however I didn't say it was an easy one... I definitively know how difficult it can be to chase down a POA to obtain a signature for your service plan; especially if the POA lives out of state! – HOWEVER – We have simplified the process tremendously with our online application.

**Important note:** CHECK OUT this short video that shows you how easy it is to obtain a signature on a completed service plan using our system.



## Deficiency #3: Expired Service Plans



Here is one of the biggest reasons GHOs get a cold sweat when they hear the AZDHS inspector is at their doorway. They don't know if all their service plans are up to date. What's even worse, they trust an outside nurse to make sure they are not expired. Let me ask you something... if your service plans are not up to date, who is going to be in trouble? The RN (who might be doing this gig part time, and likely he/she doesn't even know exactly what they are doing)? Or you, the manager of the facility? The reality is, if you have expired service plans, you get a deficiency; and the RN who does your service plans is completely unaffected by this.

I understand that GH and ALF managers are extremely busy. And I know that, to be 100% certain of when each service plan is due (without relying on your nurse), you would need to look thorough many individual files, write down dates, and then somehow keep track of all of them. This process is further complicated when you have multiple homes, residents moving in and out, changes in condition that require service plan updates, etc. So, how on earth are you supposed to do all of this on top all your other responsibilities?

Well I am glad you asked! You need a system. A system that allows you to keep track of all your service plans and to find out when they are due at a quick glance. Take a look at a screenshot of our online application dashboard below.

The screenshot shows the RID Health Services dashboard. At the top left is the RID Health Services logo. To the right are navigation links: Log Out, My Account, About Us, Pricing, How It Works, Blog, and Contact Us. A prominent blue banner reads "MANAGE RESIDENTS FOR SUNRISE ASSISTED LIVING". Below this, three resident cards are displayed, each with a blue person icon, a name, a due date in a colored box, and four action buttons: Edit Resident, Delete Resident, Resident Invoice, and Service Plan PDF Report.

Resident Name	Due Date
Dave Luther	Due 09/01/2018
Elizabeth Hill	Due 08/24/2018
Helen Jones	Due 03/30/2019

On the right side of the dashboard, there is a "My Account" section with the following options:

- > Manage Group Homes
- > Add Group Home
- > My Account
- > Logout

Anything stand out to you? We have implemented automatic, color coordinated, expiration trackers for each resident's service plan. Color red means the service plan is expired or expiring today. Yellow means the service plan expires within a week. And green means the service plan is up to date and not expiring for a week or longer.

But wait... there is more! We have also implemented automatic email notifications! That means, the day before your service plan expires, you will get a nice email reminder to log in to your account and update your service plan (which, by the way, will take you less than 5 minutes and does not require a nursing visit). You don't have to depend on someone else to ensure you are up to date with your service plans any longer.

#### Deficiency #4: Failure to update changes in condition



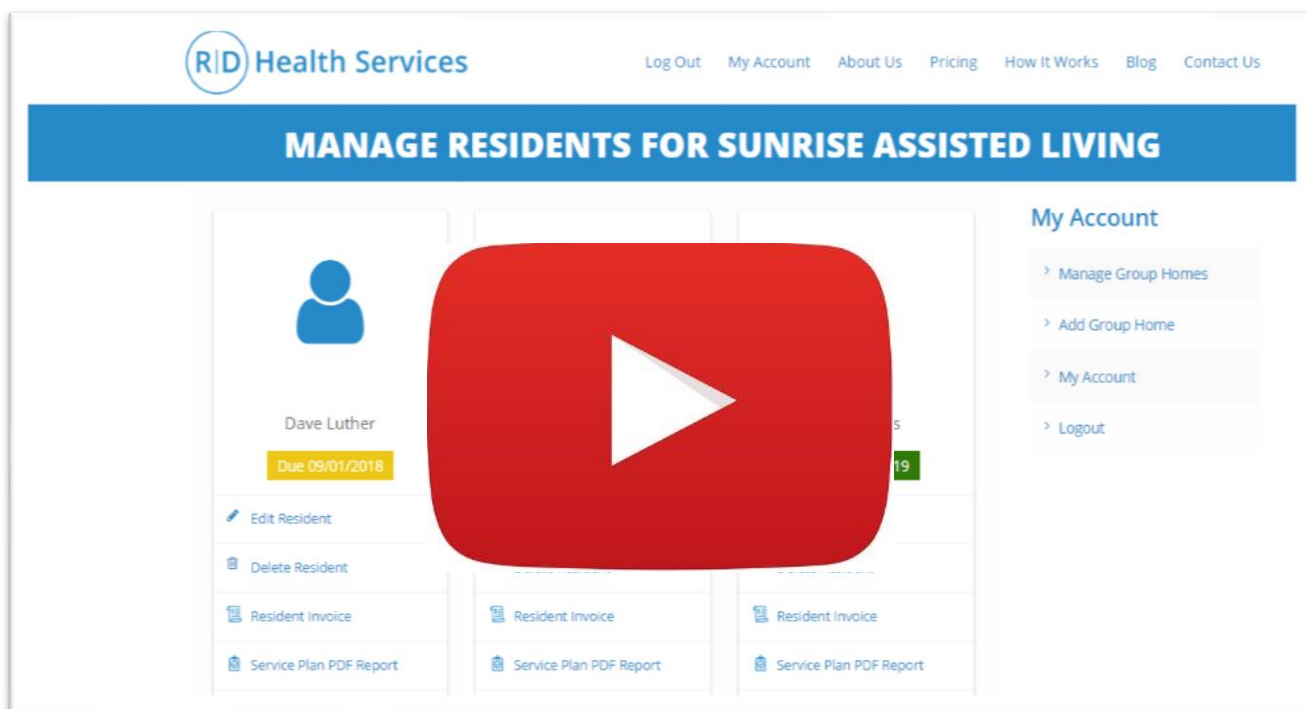
Over the last year or so, this has probably been the most common service plan deficiency I have witnessed. I say “over the last year or so” because it seems like AZDHS has been especially focusing on this area and tightening enforcement around it. AZDHS expects service plans to be updated with every change in condition. This is definitively not a new thing, what is a new thing however, is what they now consider a “change in condition”. Everything from admissions and discharges from home health, hospice, hospitals, rehab centers, to minor falls, wounds, changes in appetite and or cognitive ability etc.

To tell you the truth, I really disagree with some of the things AZDHS considers a “change in condition”. For example: if a resident is on home health for a week or two, and then they are discharged because they no longer benefit from these services, it is considered a change in condition by the state and it requires a service plan update (two actually; one for admission to home health and one for discharge). This is true even if the resident's physical and mental abilities remain unchanged during this entire process. I have seen AZDHS surveyors handing deficiencies for this specific reason and other similar ones, and it is frustrating.

The truth is that my opinion does not matter. AZDHS makes and enforces all the rules. If they say your service plan needs to be updated with every minimal change in condition, they really mean it. And if you don't abide by their rules, they will hand you a deficiency without hesitating.

This leaves you with 2 great options: #1. Call your nurse to update your service plans every time your residents go through a minor change in condition (this can cost you a lot of time and money; about \$40.00 for each service plan update, and the extra hassle of having to communicate/schedule nurse visits to do the updates). Or option #2. Don't perform the updates and pray you get a nice state surveyor that will be full of kindness, love, and compassion, and will let you fly under the radar undetected (by the way, there are not very many of those anymore). It's what it is; life is tough, nothing you can do.

Well actually... there is something you can do. You have a third option... and it's a good one. Watch this short video to see how our current clients are completing their "change in condition" service plan updates in under 1 minute, and without a nursing visit.



Using [our online application](#) you can update your service plans in less than 1 minute and do it without having to make an appointment with a nurse. After you make the changes to your service plan, a registered nurse will review and sign your service plan online within 1 business day. The best part of all is that you will never have to pay for a service plan update again!

## Deficiency #5: Failure to document frequency of ADLs and contracted services



This service plan deficiency is a little strange. You would think that having a list of ADLs (Activities of Daily Living) would not need more specific frequency details than the name itself infers: keyword “Daily” living. However, AZDHS wants you to clearly state the frequency of such activities as brushing of teeth, eating, dressing, bathing etc.

Yes, I really have seen deficiencies being given because the service plan did not specify the exact frequency of all services. I will humble myself a little now and admit that our service plan template did not include the specific frequency of ADLs until, due to feedback received from some of our clients, we updated our template and made a specific note as to the frequency of each ADLs.

This also applies to contracted services such as home health and or hospice. You must specify in your service plan the frequency and duration of nursing, social worker, CNA, and chaplain visits (for hospice) and physical therapy, occupational therapy, speech therapy, etc. (for home health).

I know, it is a pain... but if your service plan template accommodates these requirements in a user-friendly way (as ours does), then by simply filling out the template, you will automatically comply with this regulation.

## Deficiency #6: Having incorrect, incomplete, or otherwise missing information on a resident’s service plan



Having incorrect, incomplete, or otherwise missing information on a resident’s service plan is a serious matter for AZDHS, and it is definitively one of the most common causes for deficiencies among GHs and ALFs. But do you want to know something interesting? The fact of the matter is that most of the time, owners and managers know the specific missing information very well; it is just not documented on the actual service plan.



Why does this happen? I will tell you exactly what I have observed in my experience. Nurses who do service plans DO NOT know your residents. They have a generic service plan template they fill in by asking YOU for the resident's information or by looking themselves at the resident's file. Now, if there is outdated information in the resident's file or if they forget to ask you something specifically, then they will make a mistake on your service plan. Why? Again, because they DO NOT know your resident and therefore they rely solely on the resources I mentioned above.

I think its time to address the elephant in the room once and for all. Your service plan nurse is only acting as a scribe for you and often does not provide any real value to your business. - **You are the expert** - If you would like to avoid this type of service plan deficiency, your best option is to fill in the service plan form yourself.

No one knows your residents better than you do. It is tempting to think that having the nurse take care of all this stuff is efficient for your business and it saves you time. But does it really? Scheduling an appointment, dictating all your patient's information, and then double-checking the nurse's work to make sure they didn't miss a thing takes at least 1-2 hours, and it is a pain.

If you had a good service plan template, it would only take you 10 - 15 minutes to complete the service plan yourself, plus, you would know that it is done right. And NO, AZDHS does not require a nurse to complete the resident service plans. The state only requires a nurse to review and sign the document. Check out [this previous blog post](#) what will go in to detail about how AZDHS wants service plans to be handled.

I know it sounds intimidating, but the truth is that if you have a good service plan template and a registered nurse who is willing to review and sign your service plans once completed; you will save time and money, and you will have peace of mind that your service plans are done right.

This leads me to my next point; the difference between a good and a bad service plan template.



## Deficiency #7: Bad service plan templates



This is a tricky one because it does not depend on you to fix. The truth is that you can be extremely proactive when it comes to service plans and get everything done right, however, if your actual service plan template is incomplete or outdated, you will likely receive a deficiency. Article 8 of the residential facilities licensing regulations provides a wealth of details about what a service plan form must include. There are also other state regulatory documents that further specify what service plans must cover. Nevertheless, as you may have experienced, AZDHS' writing style can be more difficult to understand than Shakespeare's, especially if you are trying to put together a service plan template that follows all their requirements.

Take a deep breath and relax... you don't have to re-invent the wheel! If you can find a proven service plan template that has gone through dozens of state surveys and passed them with flying colors, you will be good to go. But, who would be willing to just give you their service plan template (which might have cost them thousands of dollars to develop as well as a lot of time and effort)? Well you are in luck because I know a guy...

Not to toot our own horn, but we have developed one of the most complete, organized, and user-friendly service plan templates. It was a colossal project, and we are constantly revising it to make sure it stays up to date with all the current regulations. And yes; it has gone through dozens of state surveys and indeed passed them with flying colors.

I highly encourage you to ask yourself the following: has your current nurse been using the same template for years without making the necessary changes to remain compliant? If the answer is yes, then I highly recommend doing something about it. You can either ask your nurse to update her form (good luck with that one) or you can simply start using ours.

Take a look at this sample of our service plan template and judge for yourself if you would rather have AZDHS walk through your doors to find this service plan (see next page), or one of your current ones. You should be very critical and honest with yourself, as the actual service plan template is one of most important building blocks in this entire process.

CLICK ON THE IMAGE BELOW TO ACCESS OUR SERVICE PLAN TEMPLATE



### Resident Service Plan

Initiation Date: 8/30/2018 Resident Name: John Smith

Physician Name and Phone Number: Dr Carter - (602) 222 3333

Date of Move in: 8/20/2018 Date of Last TB Test: 8/19/2018

Resident Representative and Phone Number: Suzie Smith (Wife) - (623) 777 8888

Level of Care: Supervisory Care (Must renew every 1 year) Personal Care (Must renew every 6 months) Directed care (Must renew every 3 months)

Resident Service Plan: Initial Service Plan Routine update Change in condition

Next Service Plan Due: 11/30/2018

Date of Birth: 10/06/1934

Code Status: Full Code DNR

Advanced Directives: Yes No

Evacuation Plan: Yes No

Emergency Contact: Suzie Smith (Wife) - (623) 777 8888

Hospice: Rivers Hospice - (480) 888 5555

Home Health Agency: N/A

Height: 5 ft 6 in Weight: 132 LB Temp: 97.3 Pulse: 83 RR: 22

BP: 111/60 Pulse Ox: 95% on Room Air

\*Medical Diagnosis and History: Dementia, Hx of Right hip fracture with surgical repair, Osteoporosis

\*Allergies: Sulfa Drugs

## Conclusion

The purpose of this article was to give you a guideline of what state surveyors often look for when they pick up a resident's service plan, and how to make sure you are in compliance with their regulations. The above list of deficiencies contains the most common service plan deficiencies we have encountered in our experience. Of course, there are many more. Sadly, getting a deficiency on your service plans sometimes does depend on who your surveyor is, and whether they are having a good or a bad day.

Nevertheless, I want you to know something. In my business, we take our clients' needs very seriously. So much so, that we have invested tens of thousands of dollars as well as hundreds of research and development hours in to ensuring we are a highly valuable and trustworthy resource for them. We know our online application and advising services are NOT for everyone; and we are perfectly fine with that. There are business owners and managers who want to keep their old ways of doing things, and we respect that.

However, if you are a business owner or manager who wants to improve your operations and to simplify your life, then we would love to serve you.

As you now know, my team and I have crafted an [online platform](#) where you can fill in our state of the art service plan template, keep track of expiration dates automatically, and have your service plans reviewed and signed by an experienced RN (yours truly 😊) within 1 business day of completion. If you are willing to give it a try, I promise you I will be your trusted advisor through the entire process. I am asking that you give me a chance to work for you [FREE for 30 days](#), then if you are not satisfied with my services, you can cancel your account, get a complete refund, and keep all the service plans we reviewed and signed as a gift.

Thank you for the time you spent reading this article and please feel free to reach out to us if you have any questions or concerns!

Cheers!



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